



COUNTY BOROUGH OF ROTHERHAM

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952

66493





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ROTHERHAM:
HENRY GARNETT & CO LTD., "ADVERTISER" OFFICE
1953



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HEALTH COMMITTEE

(as at 31st December, 1952)

HIS WORSHIP THE MAYOR (COUNCILLOR M. W. YOUNG)

Chairman: ALDERMAN A. BUXTON, J.P.

Vice-Chairman: COUNCILLOR A. WILDE

ALDERMAN MRS. F. L. GREEN, J.P.	COUNCILLOR MRS. A. EASTWOOD
ALDERMAN F. HARPER, J.P.	COUNCILLOR J. FORD
ALDERMAN A. R. SHAYLER	COUNCILLOR MRS. E. McNICHOLAS
ALDERMAN F. C. WOFINDEN	COUNCILLOR J. E. MICKLETHWAIT
COUNCILLOR W. BEEVERS	COUNCILLOR MRS. M. H. MOORHOUSE, J.P.
COUNCILLOR C. DUFFIELD	COUNCILLOR A. WALSH

GENERAL PURPOSES SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P. (Chairman)	ALDERMAN F. HARPER, J.P.
COUNCILLOR A. WILDE (Vice-Chairman)	ALDERMAN A. R. SHAYLER
HIS WORSHIP THE MAYOR	ALDERMAN F. C. WOFINDEN
(COUNCILLOR M. W. YOUNG)	COUNCILLOR C. DUFFIELD
ALDERMAN MRS. F. L. GREEN, J.P.	COUNCILLOR MRS. M. H. MOORHOUSE, J.P.

MENTAL HEALTH SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P. (Chairman)	COUNCILLOR C. DUFFIELD
COUNCILLOR A. WILDE (Vice-Chairman)	COUNCILLOR J. FORD
HIS WORSHIP THE MAYOR	COUNCILLOR MRS. E. McNICHOLAS
(COUNCILLOR M. W. YOUNG)	COUNCILLOR J. E. MICKLETHWAIT
ALDERMAN MRS. F. L. GREEN, J.P.	COUNCILLOR A. WALSH

SANITARY SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P. (Chairman)	ALDERMAN A. R. SHAYLER
COUNCILLOR A. WILDE (Vice-Chairman)	ALDERMAN F. C. WOFINDEN
HIS WORSHIP THE MAYOR	COUNCILLOR W. BEEVERS
(COUNCILLOR M. W. YOUNG)	COUNCILLOR C. DUFFIELD
ALDERMAN F. HARPER, J.P.	COUNCILLOR A. WALSH

NURSING SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P. (Chairman)	Non-corporate members : —
COUNCILLOR A. WILDE (Vice-Chairman)	
HIS WORSHIP THE MAYOR	MR. J. H. FLETCHER
(COUNCILLOR M. W. YOUNG)	MR. F. IRELAND
COUNCILLOR W. BEEVERS	MRS. F. M. KNIGHT, M.B.E., J.P.
COUNCILLOR MRS. A. EASTWOOD	MR. H. NORTH
COUNCILLOR J. FORD	MISS E. M. RUSHFORTH
COUNCILLOR MRS. E. McNICHOLAS	MRS. E. SLACK, J.P.
COUNCILLOR J. E. MICKLETHWAIT	
COUNCILLOR MRS. M. H. MOORHOUSE, J.P.	

DOMICILIARY SERVICES SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P. (Chairman)	COUNCILLOR MRS. A. EASTWOOD
COUNCILLOR A. WILDE (Vice-Chairman)	COUNCILLOR J. FORD
HIS WORSHIP THE MAYOR	COUNCILLOR MRS. E. McNICHOLAS
(COUNCILLOR M. W. YOUNG)	COUNCILLOR J. E. MICKLETHWAIT
COUNCILLOR W. BEEVERS	COUNCILLOR MRS. M. H. MOORHOUSE, J.P.

REPRESENTATIVES ON THE AMBULANCE JOINT SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P.	COUNCILLOR C. DUFFIELD
	COUNCILLOR A. WILDE

REPRESENTATIVES ON THE CARE OF THE AGED JOINT SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P.	COUNCILLOR MRS. E. McNICHOLAS
	COUNCILLOR A. WILDE

REPRESENTATIVES ON THE SHEFFIELD, ROTHERHAM AND DISTRICT SMOKE ABATEMENT COMMITTEE

ALDERMAN F. HARPER, J.P.	COUNCILLOR F. DAVIES
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STAFF

(as at 31st December, 1952)

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER:
Jos. A. Gillet, M.B., Ch.B., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND
DEPUTY SCHOOL MEDICAL OFFICER:

E. H. Annels, M.B., Ch.B., M.R.C.S.,
L.R.C.P., D.P.H.

ASSISTANT MEDICAL OFFICERS OF HEALTH
& ASSISTANT SCHOOL MEDICAL OFFICERS:

Mary D. A. Boyd, M.B., Ch.B.

C. B. L. Hart, M.R.C.S., L.R.C.P.

A. R. Robertson, M.B., Ch.B.

SENIOR DENTAL OFFICER:

H. R. Heald, L.D.S.

ASSISTANT DENTAL OFFICERS:

G. W. Lowe, L.D.S.

S. Lever, B.D.S.

Mrs. M. Kay, L.D.S. (part time)

CHIROPODIST (part time):

L. Aldam, M.I.S.Ch.

CONSULTING STAFF (part time):

OPHTHALMOLOGY:

T. Stafford Maw, M.B., Ch.B.,
D.O.M.S.

Franziska Fischer, M.D.

EAR, NOSE AND THROAT:

H. M. Petty, M.B., Ch.B., D.L.O.

PSYCHIATRY:

R. Warnecke, M.R.C.S., L.R.C.P., D.P.M.

OBSTETRICS AND GYNAECOLOGY:

D. Ballantine, M.B., Ch.B., F.R.C.S.,
M.R.C.O.G., L.M.

TUBERCULOSIS:

A. C. Morrison, M.D., D.P.H.

ORTHODONTICS:

J. H. Gardiner, B.D.S.

ORTHOPAEDICS:

H. L. McMullen, B.A., M.B., B.Chir.,
F.R.C.S.

PUBLIC ANALYST (part time):

H. Childs, B.Sc., F.R.I.C.

LAY ADMINISTRATIVE OFFICER:

G. E. Westby (1), (5)

SENIOR CLERK:

G. H. Biggin

MEDICAL OFFICER OF HEALTH'S SECRETARY:

Miss J. Caseldine

GENERAL OFFICE: CLERICAL STAFF:

5 Clerks

SENIOR SANITARY INSPECTOR:

L. Eastwood, M.S.I.A., A.M.Inst.P.C.
(1), (2), (4), (5)

DEPUTY SENIOR SANITARY INSPECTOR:

T. W. Pearce, M.S.I.A. (1), (2), (5)

SANITARY INSPECTORS:

E. Fuller, M.S.I.A. (1), (2)

G. C. Harrison, M.S.I.A. (1)

L. W. Lodge, M.S.I.A. (1), (2)

S. Mastin, M.S.I.A. (1), (2)

E. K. Robinson, M.S.I.A. (1)

T. E. Snape, M.S.I.A. (1), (2)

SMOKE INSPECTOR (by arrangement with the Sheffield, Rotherham and District Smoke Abatement Committee):

J. W. Hoare (3)

SANITARY INSPECTOR'S SECTION:

2 Clerks
2 Disinfectors
1 Ratcatcher

SUPERINTENDENT HEALTH VISITOR:

Miss E. Patterson (6), S.R.N., R.S.C.N.,
S.C.M.

ASSISTANT SUPERINTENDENT HEALTH
VISITOR:

Miss E. G. Taylor (6), S.R.N., S.C.M.

HEALTH VISITOR/SOCIAL WORKER:

Miss M. J. Casey (6), S.R.N., S.C.M.

HEALTH VISITOR/SCHOOL NURSES:

Miss E. Bates (6), S.R.N., S.C.M.,
S.R.F.N.
Mrs. A. Brooks (6), S.R.N., S.C.M.
Miss D. M. Cutts (6), S.R.N., S.C.M.
Miss N. Easton (6), S.R.N.
Mrs. M. M. Knowles (6), S.R.N.,
S.C.M.
Mrs. A. B. Payling (6), S.R.N., S.C.M.
Miss E. M. Stower (6), S.R.N., S.C.M.
Eight vacancies

SCHOOL NURSES:

Miss C. J. Crofton, S.R.N., S.C.M.
Miss G. K. Cave, S.R.N., S.C.M.
Mrs. N. Lloyd, S.R.N.
Miss E. M. Borman, S.R.N.
Mrs. E. Rands, S.R.N.

CLINIC NURSES:

Mrs. E. A. S. Hoyle, S.R.N., S.C.M.
Mrs. M. Shepherd, R.S.C.N.
Mrs. M. P. Phinn, S.R.N., S.C.M.
Mrs. B. W. Hucknall, S.R.N., S.C.M.
(part time)

CLINIC ASSISTANTS:

Miss E. M. Nicklin
Miss M. Thompson

PHYSIOTHERAPIST:

Vacant

SPEECH THERAPIST:

Miss P. L. Duffy, L.C.S.T.

MATERNITY AND CHILD WELFARE SECTION:

SENIOR CLERK:

Miss N. H. Platts
Six Clerks

SCHOOL HEALTH SECTION:

SENIOR CLERK:

Miss W. M. Cooper
5 Clerks
4 Dental Attendants
1 Dental Mechanic

HOME NURSING SERVICE:

SUPERINTENDENT:

Miss V. M. McCarthy (6), S.R.N.,
S.C.M.

SENIOR DISTRICT NURSE:

Miss M. Walker, S.R.N.
13 full-time nurses
13 part-time nurses

HOME HELP SERVICE:

ORGANISER:

Mrs. R. E. Wales
3 Clerks

DISTRICT MIDWIVES SERVICE:

SUPERINTENDENT MIDWIFE AND NON-

MEDICAL SUPERVISOR OF MIDWIVES:

Mrs. M. J. Walsh, S.R.N., S.C.M.

DEPUTY SUPERINTENDENT MIDWIFE:

Mrs. I. McGann, S.R.N., S.C.M.

DISTRICT MIDWIVES:

Miss E. Atkinson, S.R.N., S.C.M.

Mrs. H. M. Clarke, S.R.N., S.C.M.

Mrs. W. A. G. Herrington, S.R.N.,
S.C.M.

Mrs. G. Hewitt, S.R.N., S.C.M.

Mrs. E. Houghton, S.C.M.

Miss E. D. Jeyes, S.C.M.

Mrs. E. O'Connor, S.R.N., S.C.M.

Miss K. Ray, S.R.N., S.C.M.

Mrs. P. E. Shreves, S.R.N., S.C.M.

RELIEF MIDWIVES:

Mrs. O. D. Edwards, S.R.N., S.C.M.

Miss S. M. Thorpe, S.R.N., S.C.M.

FERHAM VILLA DAY NURSERY:

MATRON:

Mrs. Goodchild (7), S.R.N., S.C.M.

4 Nursery Nurses

2 Nursery Assistants

MENTAL HEALTH OFFICER:

W. R. Siddaway

ASSISTANT MENTAL HEALTH OFFICER:

W. P. Thomas

OCCUPATION CENTRE SUPERVISOR:

Miss E. Kelford

3 Assistant Supervisors

HEALTH SERVICES BUREAU:

HEALTH SERVICES INFORMATION OFFICER:

R. J. Irving, B.E.M., A.C.I.S.

1 Clerk

QUALIFICATIONS:

- (1) Certificate, Royal Sanitary Institute (Sanitary Inspector)
- (2) Certificate, Royal Sanitary Institute (Meat and other Foods)
- (3) Certificate, Royal Sanitary Institute (Smoke Inspector)
- (4) Testamur, Institute of Public Cleansing (Honours)
- (5) Certificate, Board of Education (Building Construction)
- (6) Certificate, Royal Sanitary Institute (Health Visitor)
- (7) Housekeeping Certificate

HEALTH DEPARTMENT,
MUNICIPAL OFFICES,
ROTHERHAM.

I herewith submit my Annual Report for the year 1952 on the Health Services of the County Borough.

Following the retirement of your late Medical Officer of Health in January, 1952, and on my taking over the duties of this office, considerable staffing changes were involved consequent upon the resignations and retirements of other senior members of the staff of the Health Department. Such changes had they occurred singly or even happened at any other time would have been of a routine character, but their almost simultaneous occurrence added to the difficulties of succeeding such a brilliant officer. Nevertheless, I feel that in spite of the many difficulties to be overcome, the continued development of the County Borough's Health Services was maintained during the year.

In order that it may be fully appreciated what these staffing changes involved, the position at the end of 1951 should be given. In the medical staffing of the department there was a vacancy for an assistant medical officer and also my successor as Deputy Medical Officer of Health and Deputy School Medical Officer had to be appointed. The Superintendent Health Visitor and Non-Medical Supervisor of Midwives (Miss J. Barraclough) had been on the sick list since November, 1951, and had applied to be allowed to retire on pension. The Deputy Superintendent Midwife (Mrs. S. E. Gosling) was also off sick and, in fact, did not return to duty and ultimately was allowed to retire on the grounds of ill-health on superannuation later on in the year; the Superintendent Home Nurse (Miss A. Ratcliffe) had submitted her resignation on her appointment to a senior post at Leicester.

The medical vacancies were filled by the appointment of Dr. E. H. Annels as my deputy and he commenced duty on 17th March; Dr. C. B. L. Hart was appointed as Assistant Medical Officer of Health and Assistant School Medical Officer and commenced duty on 1st April. Later in the year Dr. A. O'Callaghan, who held a similar post, resigned and Dr. A. R. Robertson was appointed in her stead as from 1st September, 1952.

In the filling of the vacancy created by the retirement of the Superintendent Health Visitor, it was decided to effect several changes in the duties undertaken. The Home Help Service, which had previously been operated under her supervision, was made a separate section and the Home Help Organiser was made directly responsible to me for the organisation of her work. Miss E. Patterson was promoted to the vacancy of Superintendent Health Visitor and in due course Miss E. G. Taylor, who, prior to her appointment in the service of the West Riding County Council,

had been employed as a health visitor in Rotherham, was appointed Deputy Superintendent Health Visitor.

As Miss Patterson's midwifery experience did not comply with the requirements of the Ministry of Health as Non-Medical Supervisor of Midwives, it became necessary to separate this statutory duty from the duties of the Superintendent Health Visitor and eventually Mrs. M. J. Walsh, Superintendent Midwife, was approved to carry out this duty. In order to provide an assistant to Mrs. Walsh during Mrs. Gosling's illness, Mrs. I. McGann was appointed Acting Deputy Superintendent of the Midwives' Service and later she was confirmed in that office following Mrs. Gosling's retirement in May.

In January, Miss V. McCarthy was appointed Superintendent of the Home Nursing Service and repeated advertisements failed to produce a suitable applicant for the appointment of Assistant Superintendent. It was, therefore, decided to make the appointment of Senior District Nurse and to promote Miss Walker until such time as a suitable candidate for the post of Assistant Superintendent was found.

These staff changes all took settling down time, but I am happy in thinking that by the end of the year, in the main, staffing had ceased to be such a serious problem. In fact, with the exception of the shortage of trained health visitors and dentists—which are a national shortage not merely local—the general staffing position was maintained.

Action was also taken during the year to obtain further staff in the dental section. A joint circular from the Ministries of Health and of Education required the local authority to make a special endeavour to increase the staff employed, whether by full or part-time assistance. As a result of the efforts made, a full-time dentist was employed as from September, whilst in December an offer of assistance by another dentist for one session per week was also accepted.

Another staffing difficulty that was overcome during the year was in the Mental Health Section, when, at different periods, both the Mental Health Officer and the Assistant resigned their posts. In the periods between the resignations becoming effective and the newly-appointed officers taking over duty, due to the unfortunate illness of the newly-appointed Assistant Mental Health Officer, there was no duly authorised officer available for about a month and the help of the staff of the City of Sheffield had to be sought for this purpose. However, this brought the staffing weakness in this section to the fore and by early 1953 authority to increase the establishment by a trainee mental health worker had been obtained and at the time of writing awaits ministerial approval.

The vacancy which had existed for a Speech Therapist for over a year was also satisfactorily filled; the Physiotherapist resigned in the latter part of the year and up to the present the post remains vacant in spite of repeated advertisements.

Turning now to the results of the year's working, I think that the first item of comment should be on the infantile mortality rate during the year. Following on the 1951 lowest figure of 28 per 1,000 births, the 1952 figure of 32 per 1,000 is a very good second lowest, and emphasizes the action taken by the appointment of a premature baby nurse and the concentration upon the neo-natal causes of death. This is a policy that will secure further reductions of this figure. The neo-natal deaths (that is deaths of infants under one month of age) showed a slight reduction in numbers as compared with the previous year, 25 as against 27. Deaths in this group attributed to prematurity were 12 in each year.

During 1952, of the 43 deaths in infants under one year of age, 8 were attributed to birth injury, and in 15 cases pneumonia was present being given as the primary cause of death in 13 cases.

At the other end of life, action has been taken to improve the facilities for the aged. This has been particularly so in the services rendered by the Home Help Section, and this question has been kept under constant review throughout the year by the Health Committee and by all sections of the department in relation to the appropriate services whether care, nursing or domestic. Future work in this direction must commence at an earlier age; as the average age of the population increases throughout the country so must the efforts to prevent old age become more definite. It has been proved that immunisation can prevent diphtheria—what, therefore, is the preventive for old age? How is it that some of the old folk have mentally acute minds of some persons of almost half their age and that compared with others some are physically some 20 years younger?

Prevention of old age lies in keeping minds and bodies young, and not waiting until the time when “the engine is worn out.” Domestic and nursing assistance will always be required by the aged in times of need—these are practical efforts; but attention must be focussed on keeping ageing minds and bodies fit and well.

The Registrar General estimates the mid-year population at 81,800, and this gives a birth rate of 16.25 and a death rate of 10.46 for the year.

The day nursery was transferred from Thames Street to the new premises at Ferham Villa and opened on 22nd January. The accommodation provided was for 25 children. During the year the average attendance was 4.0 per day under 2 years of age and 8.6 between the ages of 2 years and under 5 years—a total of 12.6 per day. During the year the premises were inspected by officers of the Ministry of Health with a view to the recognition of the nursery for training purposes. One of the preliminary recommendations was that the Matron and her staff should receive refresher courses and arrangements for these have been put in hand. At the end of the year, final approval for the recognition requested had not been received. The scale of charges for the nursery was reviewed in accordance with a circular of the Ministry of Health and the new charges were put into operation as from 24th November.

Following the opening of the Broom Valley Schools and the equipment of the medical inspection rooms, a toddlers' clinic was commenced on 19th May. This was held fortnightly and is run on an appointment basis.

Only 3 cases of diphtheria were notified during the year and it is regrettable that 2 of these children—a brother and sister—died. The cause of death of the boy was classified as due to whooping cough, with diphtheria as the secondary cause; neither of these children had been immunised, whilst the third child—aged 9 years—was immunised in 1946 but had not received a reinforcing dose.

Once again an excellent report was received following the Inspector's visit to the Occupation Centre, and the Committee decided to place on record their thanks to the staff. The high standard attained in handicrafts was seen at the usual exhibition and sale of work which was held in November when the receipts from the sale of goods amounted to £35 2s. 1d. The plans for the industrial centre which is to be erected adjoining the present centre were forwarded to the Ministry of Health for approval towards the end of the year. Owing to the resignation of the Laundress at the Occupation Centre, arrangements were made in November for this work to be undertaken by the older girls attending the Centre as part of their training.

As mentioned earlier, the Health Committee felt that the time had arrived when the Home Help Service could be regarded as established and could be operated by the Organiser directly responsible to me instead of through the Superintendent Health Visitor. This service continued to expand throughout the year and its work was kept under constant review by the Domiciliary Services Sub-Committee. Similarly the operation of the scale of charges was kept under observation and adjustments to meet the varying circumstances of patients particularly in respect of contributions from lodgers, hire purchase payments, and a minimum charge to maternity patients were agreed. Much attention, too, was directed to the care of aged persons who were living alone as well as the general care of these patients. Extensions in the service to meet their needs were made. In the work of preventing home accidents the Domiciliary Services Sub-Committee approved the purchase of fireguards in April for use in homes attended by Home Helps. Arrangements were made for their replacement should the practical demonstration of this safety measure prove effective.

In order to collect information on home accidents, arrangements were made with the local hospitals to collect statistics of cases treated. Home Safety measures affect the work of the Department, particularly so at the two extremes of life—the young and the aged.

The arrangements for co-operation locally under the several branches of the National Health Service were reviewed when the Committee considered the Circular 11/52 of the Ministry of Health in July. It was felt that the existing liaison between the hospital, the practitioner services, and the local health authority services

was good and that there was no need locally for a further committee to achieve this object; not only were members of the Health Committee also members of the Executive Council and of the local Hospital Management Committee with the Chairman of the Health Committee also Chairman of the former and Vice-Chairman of the latter Committee, but that good co-operation also obtained at officer level. Later on in the year I was appointed as a member of the Executive Council, and I would also suggest that if similar facilities were granted to me on the local Hospital Management Committee I would be in a better position to attempt to improve further the existing arrangements with that Service.

An outstanding feature in the work of the Health Department during the year was the visit to Rotherham of the Mass Radiography Unit from 13th October to 13th November. Through the courtesy of the Yorkshire Electricity Board the equipment was housed in the Power Station Canteen in Rawmarsh Road and very good attendances were made throughout the whole period of its stay. It is also pleasing to record the excellent co-operation which obtained with the several industrial concerns, schools, shops and Corporation Departments in the organisation of parties, both large and small, for X-ray. A detailed report of the results obtained by this first visit of the unit was submitted to the December meeting of the Health Committee when it was decided to request the Unit to come to Rotherham again during the ensuing year.

I would like to thank all members of my staff for their assistance during my first year of office as Medical Officer of Health. My thanks are also due to the Chairman and members of the Health Committee for their consideration and support of my efforts to maintain and improve the Health Services of the County Borough.

JOS. A. GILLET,

Medical Officer of Health.

STATISTICS OF THE AREA

GENERAL STATISTICS

Area (in acres)	...	...	...	...	...	...	...	...	...	9,255
Population (census) 1951	...	...	...	...	...	...	...	...	...	82,334
Population (estimated civilian) 1952	...	...	...	...	...	...	...	...	...	81,800
Number of inhabited houses (1/4/1953)	...	...	...	...	...	...	...	...	...	23,885
Rateable value (1/4/1953)	...	...	...	...	...	...	...	...	...	£485,600
Sum represented by a penny rate (1/4/1953)	...	...	...	...	...	...	...	...	...	£1,934

VITAL STATISTICS

In the following summary extracts from the vital statistics for the year are given: —

Live Births:	Total	Male	Female	
Legitimate	1,275	638	637	—Birth rate per 1,000 of the estimated
Illegitimate	54	35	19	resident population ... 16.25
Stillbirths	36	21	15	—Rate per 1,000 (live and still) births 26.38
Deaths	856	491	365	—Crude death rate per 1,000 of the
				estimated resident population ... 10.46
				Adjusted death rate per 1,000 of the
				estimated resident population
				(comparability figure—1.15) ... 12.03

Deaths from puerperal causes:	Deaths	Rate per 1,000 total (live and still) births
Puerperal sepsis	—	—
Other puerperal causes	—	—
Total	—	—

Death rate of infants under one year of age:

All infants per 1,000 live births	...	...	...	...	32
Legitimate infants per 1,000 legitimate live births	...	...	...	...	31
Illegitimate infants per 1,000 illegitimate live births	...	...	...	...	74
Deaths from measles (all ages)	...	...	...	...	—
Deaths from whooping cough (all ages)	...	...	...	...	1
Deaths from diarrhoea (under 2 years of age)	...	...	...	...	—

In the following table the causes of death at different periods of life, as supplied by the Registrar General, are given for the year 1952. The inclusion of this is considered desirable by the Ministry of Health for the purpose of comparison with the figures for other areas, and relates to deaths *registered* in the calendar year, which totalled 856.

Cause of death	MALES									FEMALES									Total
	0-	1-	5-	15-	25-	45-	65-	75-	Total	0-	1-	5-	15-	25-	45-	65-	75-	Total	
Tuberculosis, respiratory	-	-	-	1	2	5	4	1	13	-	-	-	-	1	2	-	1	4	17
Tuberculosis, other ..	-	1	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	1	2
Syphilitic disease ..	-	-	-	-	-	2	2	-	4	-	-	-	-	-	-	-	1	1	5
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1
Whooping cough ..	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Meningococcal infections..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, stomach	-	-	-	-	2	10	3	14	19	-	-	-	-	1	3	7	4	15	34
Malignant neoplasm, lung, bronchus	-	-	-	-	1	16	8	1	26	-	-	-	-	1	1	1	2	5	31
Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	3	2	10	10
Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	2	-	6	6
Other malignant and lymphatic neoplasms ..	-	-	1	-	5	11	16	16	49	-	-	-	-	1	10	9	10	30	79
Leukaemia, aleukaemia ..	-	1	-	-	-	1	-	1	3	-	2	-	-	-	-	-	1	3	6
Diabetes	-	-	-	-	1	1	1	1	4	-	-	-	-	-	1	1	2	4	8
Vascular lesions of nervous system	-	-	-	1	-	11	18	23	53	-	-	-	-	2	7	23	26	58	111
Coronary disease, angina..	-	-	-	-	-	24	20	17	61	-	-	-	-	-	4	13	10	27	88
Hypertension with heart disease	-	-	-	-	-	2	4	4	10	-	-	-	-	-	3	2	3	8	18
Other heart disease ..	-	-	-	-	2	11	16	27	56	-	-	-	1	8	15	10	28	62	118
Other circulatory disease..	-	-	-	-	-	5	7	13	25	-	-	-	-	-	1	6	10	17	42
Influenza	-	-	-	-	-	2	2	-	4	-	-	1	-	-	-	1	-	2	6
Pneumonia	10	-	-	-	1	3	5	7	26	3	-	-	-	1	1	3	5	13	39
Bronchitis	1	1	-	-	-	10	10	14	36	-	-	-	-	-	3	6	13	22	58
Other diseases of the respiratory system ..	-	-	-	-	2	1	1	1	5	1	-	1	-	-	-	-	1	3	8
Ulcer of stomach and duodenum	-	-	-	-	-	5	-	1	6	-	-	-	-	-	1	-	1	2	8
Gastritis, enteritis and diarrhoea.. ..	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	-	1	2
Nephritis and nephrosis ..	-	-	-	-	-	2	4	-	6	-	-	-	-	1	2	-	1	4	10
Hyperplasia of prostate ..	-	-	-	-	-	1	1	6	8	-	-	-	-	-	-	-	-	-	8
Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital malformations..	2	1	-	-	-	-	-	-	3	1	1	-	-	-	-	-	-	2	5
Other defined and ill-defined diseases ..	13	1	2	-	2	9	8	16	51	11	-	-	1	4	5	8	17	46	97
Motor vehicle accidents	-	1	-	-	-	1	-	1	3	-	-	3	-	-	-	1	-	4	7
All other accidents ..	-	1	-	1	2	2	-	3	9	1	1	1	1	2	-	2	3	11	20
Suicide	-	-	-	-	2	3	1	2	8	-	-	-	-	1	-	2	-	3	11
Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total—all causes ..	26	8	3	3	22	138	131	160	491	17	4	7	3	26	66	101	141	365	856

The following table shows the birth-rate, death-rate, analysis of mortality, maternal mortality, and case rates for certain infectious diseases in the year 1952, compared with England and Wales as a whole and various other areas.

	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (Resident Population 25,000-50,000 at 1951 Census)	London Administrative County	Rotherham
Births	Rates per 1,000 Home Population				
Live births	15.3	16.9	15.5	17.6	16.2
Still births	0.35	0.43	0.36	0.34	0.44
	22.6 (a)	24.6 (a)	23.0 (a)	19.2 (a)	26.4 (a)
Deaths					
All Causes	11.3	12.1	11.2	12.6	12.0
Typhoid and paratyphoid ..	0.00	0.00	0.00	—	—
Whooping cough	0.00	0.00	0.00	0.00	0.01
Diphtheria	0.00	0.00	0.00	0.00	0.01
Tuberculosis	0.24	0.28	0.22	0.31	0.26
Influenza	0.04	0.04	0.04	0.05	0.08
Smallpox	0.00	—	—	—	—
Acute poliomyelitis (including polio encephalitis)	0.01	0.01	0.00	0.01	—
Pneumonia	0.47	0.52	0.43	0.58	0.55
Notifications (Corrected)					
Typhoid fever	0.00	0.00	0.00	0.00	0.01
Paratyphoid fever	0.02	0.02	0.03	0.01	—
Meningococcal infection ..	0.03	0.03	0.03	0.02	0.06
Scarlet fever	1.53	1.75	1.58	1.56	0.50
Whooping cough	2.61	2.74	2.57	1.66	1.72
Diphtheria	0.01	0.01	0.03	0.01	0.03
Erysipelas	0.14	0.15	0.12	0.14	0.21
Smallpox	0.00	0.00	0.00	—	—
Measles	8.86	10.11	8.49	9.23	13.69
Pneumonia	0.72	0.80	0.62	0.57	1.46
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.06	0.06	0.06	0.06	0.03
Non-paralytic	0.03	0.03	0.02	0.03	0.01
Food poisoning	0.13	0.16	0.11	0.18	0.06
Puerperal fever and pyrexia	17.87 (a)	23.94 (a)	10.22 (a)	30.77 (a)	16.8 (a)
Deaths					
All causes under 1 year of age	27.6 (b)	31.2	25.8	23.8	32.3
Enteritis and diarrhoea under 2 years of age ..	1.1	1.3	0.5	0.7	—

Maternal Mortality in England and Wales

		England and Wales		Rotherham	
Intermediate List No. and cause	Number of deaths	Rates per 1,000 total (live and still) births	Rates per million women aged 15-44	Number of deaths	Rate per 1,000 total (live and still) births
A115 Sepsis of pregnancy, childbirth and the puerperium	61	0.09		—	—
A116 { Abortion with toxæmia ..	13	0.02	1	—	—
Other toxæmias of pregnancy and the puerperium	147	0.21		—	—
A117 Haemorrhage of pregnancy and childbirth	59	0.09		—	—
A118 Abortion without mention of sepsis or toxæmia ..	31	0.04	3	—	—
A119 Abortion with sepsis ..	47	0.07	5	—	—
A120 Other complications of pregnancy, childbirth and the puerperium	138	0.20		—	—

Notes : (a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related live births.

A dash (—) signifies that there were no deaths.

The Rotherham Area Comparability factors for births and deaths were 1.00 and 1.15 respectively, and the Rotherham rates in the above table have been adjusted accordingly.

SANITARY CIRCUMSTANCES

During 1952, as for many years, the repair of houses and the abatement of nuisances claimed the major share of attention, food hygiene and food inspection being a comfortable second, with drainage in the third place. The inspection of factories, offensive trades, canal boats, hairdressers' premises and other similar duties received a reasonable share of the available inspection time. For the first time since 1939, Merchandise Marks Act inspections concerning the marking of imported food were recommenced, and, as a pointer to things to come, the first post-war Demolition Orders were made.

Shops Acts and houses-let-in-lodgings inspections need to be increased during 1953, and meat inspection at the Public Abattoir will take more time when Memo. 3/ Meat is put into effect, otherwise the pattern for 1953 appears, at the moment, to be on similar lines to 1952.

WATER.

42 samples of drinking water and 12 samples of swimming bath water were taken for examination. All the samples proved satisfactory.

SANITARY ACCOMMODATION.

(a) HOUSE DRAINAGE.

1,942 visits were made in connection with drain tests, defective drains and drainage appliances. Drain blockages occur far too frequently due to abuse of the drainage system, and one careless person can cause inconvenience and nuisance to many others when a number of houses are drained in combination.

A number of additional water closets were provided to eliminate sharing of accommodation, and further progress was made in the elimination of outmoded sanitary fittings.

Additional W.C.'s provided	...	...	...	14
Trough closets converted to W.C.'s	...	...	...	3
Pail closets converted to W.C.'s	...	...	...	1
Privy middens abolished	...	...	...	5

(b) LICENSED PREMISES, CINEMAS, THEATRES.

The improvements made in conveniences at places of entertainment during the past few years have been very gratifying. It does, however, seem wrong that clubs should not be included in the section of the Public Health Act, 1936, giving the local authority power to require the provision of adequate sanitary accommodation at places of public entertainment. Attendances at clubs at the week-end may be heavy, particularly in those where musical entertainment is included, and where insufficient conveniences are provided, there can surely be no justification of unsatisfactory sanitary conditions simply because they exist at a club and not at a public-house.

A revision of legislation on this point appears to be needed.

(c) PUBLIC CONVENIENCES.

Occasional complaints were received concerning the unsatisfactory structural condition of some of the old public conveniences. The public urinal in Frederick Street, being near a busy bus terminus, is the most frequent cause of complaint.

FACTORIES.

338 factory inspections were made as follows:—

Type of factory	Number registered	Inspections	Notices
Non-mechanical	44	47	5
Mechanical	296	291	30

FACTORIES IN WHICH DEFECTS WERE FOUND.

Type of defect	Found	Remedied
Want of cleanliness	3	4
Sanitary conveniences insufficient	5	5
Sanitary conveniences unsuitable or defective	29	48
Other offences	2	2

OFFENSIVE TRADES.

16 visits were paid to the two rag and bone dealers, one gut scraper and one blood drier remaining on the register. No complaints of nuisance were received in connection with these trades.

CANAL BOATS.

The following details are required to be sent annually to the Ministry of Housing and Local Government.

Number of canal boats inspected	12
Number of persons on board:—	
Male adults	20
Female adults	Nil
Female children	Nil
Number of cases of infectious disease	Nil
Number of infringements observed	Nil
Number of notices served	Nil
Number of notices complied with	Nil
Number of notices outstanding	Nil
Legal proceedings taken	Nil

HOUSING.

(a) DEMOLITION AND CLOSURE.

Demolition Orders were made in respect of five houses, and four other houses were represented as being unfit for human habitation. The resumption of demolition of worn-out dwelling houses is a very satisfying step. The five houses demolished during the year all had privy middens and were damp and so decayed that no permanent improvement could be made by repair. Demolition of such houses is the only suitable way of dealing with them, and it is fortunate that the number of houses of this type remaining is small.

4,362 visits were made in connection with the housing survey.

(b) NUISANCES AND DISREPAIR.

1,165 complaints of nuisance and disrepair were received during the year. This figure does not include the many nuisances found by the sanitary inspectors on inspection of their districts, 2,970 houses being involved in the total nuisances found.

Attention has previously been drawn to the time lag from receipt of a complaint to completion of the necessary repairs. Rising costs, labour shortages, fixed rents and shortages of credit have all played their part in slowing down the rate of repair. In these circumstances it is pleasing to note that more notices were complied with than were served, shewing a reduction in the number of notices outstanding at the end of the year.

Proceedings were instituted in respect of seven Abatement Notices which were not complied with. In four cases the required repairs were done before the cases were due to be heard, in the remaining instances orders were made for the nuisances to be abated. In one case the order was not complied with in the time stated, and after further proceedings a fine of £1 was imposed.

Work was done in default by the Corporation and the cost charged to the owner in one instance involving four houses.

HOUSES-LET-IN-LODGINGS.

15 inspections were made of the 13 houses-let-in-lodgings. Three houses having ceased to be so used during the year.

COMMON LODGING HOUSES.

38 inspections were made of the Westgate lodging house, which was well maintained and conducted.

TENTS, VANS AND SHEDS.

12 new licences to station and use caravans as dwellings were granted, 4 of these were not taken up; 15 licences were renewed, and four caravans left the district. One licence was refused. One licence was issued to building contractors for the use of huts as living accommodation on a building site.

Proceedings were taken against the owner of a caravan who continued to occupy it after a licence was refused. The Sanitary Sub-Committee gave every consideration to this case in view of the family circumstances, and proceedings were instituted only after repeated promises to leave had been broken. The Magistrates gave similar consideration but finally had to impose a daily penalty to secure removal of the caravan.

In an area such as this, where a properly laid out site may not be an economic proposition, the most satisfactory way of using caravans as permanent homes is in small units. One caravan in a large garden is no nuisance to anyone if properly

used, two or three caravans near a farm can remain unnoticed if suitably sited, several caravans can be placed on a small site if adequate screening can be secured. It is unfortunate that so much prejudice has, in the past, been built up against caravan dwellings, this has prevented many occupiers of suitable land from consenting to its use by caravans.

VERMINOUS PREMISES.

868 inspections of Corporation houses and the houses of prospective tenants were made during the year. Evidence of vermin was found on 33 occasions. This scheme is a protection for both tenant and landlord and has been remarkably well received by prospective tenants.

The incidence of infestation in all premises treated was as follows:—

	Bugs	Cockroaches	Other pests	Total
Corporation houses ...	65	44	14	123
Private premises ...	87	52	21	160
	—	—	—	—
	152	96	35	283
	—	—	—	—
Percentage infestation in all premises ...	54	34	12	

PHARMACY AND POISONS.

191 licences were issued authorising the sale of poisons included in Part 2 of the Poisons List.

RATS AND MICE DESTRUCTION.

(a) SEWER TREATMENT.

Two maintenance treatments of the sewers were carried out to the satisfaction of the Ministry of Agriculture and Fisheries.

An analysis of the results of sewer treatments since 1947 appears to indicate that the rat population of the sewers quickly builds up to its former level following a poison treatment. It may be remembered that, in the Report for 1949, comment was made on the possible results of regularly killing off part of the sewer rat population. The theory was advanced that this periodic reduction in numbers might provide the most suitable breeding conditions and produce a more vigorous rat population.

So far as Rotherham is concerned, results do not shew a permanent reduction in the sewer rat population from the original level, and national figures on this point would be interesting. The treatment of sewers throughout the country twice yearly must be a costly task, and some general evidence that this is more effective than, say, an annual treatment is highly desirable if twice yearly treatments are to be continued as a permanent feature of rodent control.

(b) INSPECTION AND TREATMENT OF PREMISES.

There can be no doubt of the efficacy of the national campaign for rodent destruction in the case of surface infestations. Heavy infestations are now uncommon, any rat infestation is speedily reported, and the chances of a rat dying of old age to-day must be very small. Mouse infestations, however, have not been reduced in proportion to rat infestations. This may be due to the ease with which mice are transported from place to place in packing material and containers.

The development of Warfarin, a poison which can be used without prebaiting, has been of great assistance in rodent destruction. It is a very effective poison and can be left down for many days if in a protected spot.

The following details have been extracted from the annual report required by the Ministry of Agriculture and Fisheries:—

	Type of Property				
	Local Authority	Dwelling houses	Agricultural	Business etc.	Total
Complaints received	24	219	4	145	392
Other inspections made	35	15	19	61	130
Properties found to be infested by rats ..	39	130	20	95	284
Properties found to be infested by mice ..	14	58	1	95	168
Notices served for structural work ..	—	25	—	3	28

SHOPS.

199 visits were made during the year for the purpose of section 38 of the Shops Act, 1950.

This section deals with the provision of adequate facilities in shops employing assistants, and includes heating, lighting, ventilation, facilities for washing and taking of meals, and sanitary accommodation. A good standard has been reached and is being maintained in all shops to which this section applies.

FOOD PREMISES.

Section 13 of the Food and Drugs Act, 1938, augmented by the Food Byelaws which came into force in 1951, form the principal legislation for the improvement of food premises and food handling.

The late war prevented the putting into effect of the provisions of Section 13, and it was not until 1948 that a systematic inspection of food premises was begun in Rotherham. Many improvements were made before the confirmation of the Food Byelaws in 1951 gave added impetus to the campaign for cleanliness in food premises.

The Food Byelaws were well received. Prior consultations with food organisations and advance publicity prepared the ground well and individual food traders in large majority endorsed the need for improvement and welcomed the regular inspection of food premises. Indeed, without the co-operation of food traders the highly satisfactory results achieved in the following table, without the need for a single prosecution, could not have been achieved.

Improvements made in food premises 1948 to present date.

Improvements effected				Premises affected
Hand washing notices displayed	...	...	...	82
Head coverings provided for staff	...	...	...	78
Animals removed from premises	...	...	...	19
Display covers provided for food	...	...	...	72
Additional W.C.'s provided	...	...	...	28
Additional washbasins provided	...	...	...	29
Additional sinks provided	...	...	...	40
Premises cleansed or repaired	...	...	...	227
Hot water supplies provided	...	...	...	194

The above figures take no account of work done by food traders without service of notice, nor of the valuable co-operation built up between sanitary inspectors and traders during the regular visits to food premises.

High personal standards in both food handler and public provide the only final answer to the problem of food hygiene, but it can safely be said that a satisfactory level of food premises is being achieved, together with improved standards of food handling, by friendly co-operation with the food traders wherever possible.

MILK.

(a) SPECIAL DESIGNATIONS.

The following licences were issued in connection with the Milk (Special Designations) Regulations: —

Dealer's "Tuberculin Tested"	...	...	...	21
Dealer's "Pasteurised"	...	...	...	20
Dealer's "Sterilised"	...	...	...	164
Supplementary "Tuberculin Tested"	...	...	...	18
Supplementary "Pasteurised"	...	...	...	20
Supplementary "Sterilised"	...	...	...	9

It is anticipated that, during 1953, Rotherham will be included in an area in which all milk sold by retail must be specially designated milk. This will not seriously affect the milk trade in this area as only a small proportion of the present supply is undesignated milk.

(b) BACTERIOLOGICAL EXAMINATION.

146 samples of milk were taken for examination as to cleanliness and efficacy of heat treatment with the following results: —

Class of milk				Samples tested	Passed	Failed
Tuberculin Tested	...	...	...	19	15	4
Tuberculin Tested (Pasteurised)	...	...	...	36	35	1
Pasteurised	...	...	...	35	34	1
Sterilised	...	...	...	44	44	—
Undesignated	...	...	...	12	9	3

(c) BIOLOGICAL EXAMINATION.

54 samples of milk were taken to be examined for the presence of tubercle bacilli. Two of the samples were tuberculous, and the Divisional Veterinary Officer was notified in order that the herds could be examined and the diseased cows removed for slaughter. This is a welcome reduction in the number of tuberculous samples found. In the two previous years 10 per cent. of the samples were tuberculous.

It is to be hoped that making the Rotherham, Sheffield, Barnsley district an area in which only designated milk may be sold will not have an adverse effect on the detection of tuberculosis in cattle. The bulk of the milk from this area will be heat treated, and it may be held that it is unnecessary to take samples for biological examination from such herds as heat treatment will make safe any milk infected with tubercle bacilli. If this policy is adopted, unless all milch herds in the area are subjected to the tuberculin test, it is possible that tubercular cows may be retained in a herd long after they would have been detected by the present system of examination. The risk to the consumers arising from this is negligible, but the incidence of bovine tuberculosis may tend to increase due to the greater risk of infection, particularly in those herds in which heifer calves are reared.

ICE CREAM.

54 samples of ice cream were submitted for bacteriological examination with the following results: —

Satisfactory		Unsatisfactory	
Grade 1	Grade 2	Grade 3	Grade 4
37	12	2	3

Two of the three Grade 4 samples were produced by a local manufacturer. As a result of this the complete manufacturing process was supervised and samples were taken at each stage of production. All the samples were Grade 1 and the manufacturer was warned that more care must be taken in future to ensure the production of satisfactory ice cream. All samples taken since this warning were satisfactory.

35 samples of ice cream were submitted to the Public Analyst for chemical examination. Two of the samples did not conform to the Food Standards (Ice Cream) Amendment Order, 1952, following which the manufacturer ceased production.

SHELLFISH.

All samples of mussels examined during the year had been submitted to an approved cleansing process.

MEAT.

The following details of animals slaughtered at the public abattoir have been supplied by the Markets Superintendent: —

Cattle	Calves	Sheep	Pigs	Total
7,197	745	26,115	5,019	39,076

In addition, 17 pigs slaughtered on private premises for home consumption and the carcasses of 1 cow, 2 calves, 8 sheep and 50 pigs brought to the abattoir after slaughter were inspected.

The total estimated weight of fresh killed meat and offals condemned during the year was : —

All causes	...	...	...	101 tons	1 cwt.
Tuberculosis only	...	...	...	46 tons	3 cwts.

The percentages of animals found to be diseased are given in the following table : —

			Cattle excluding cows	Cows	Calves	Sheep	Pigs
Number inspected	...	...	5,525	1,673	747	26,123	5,686
All diseases except tuberculosis:							
Whole carcase condemned	...	...	6	30	128	86	45
Carcases of which some part or organ was affected	...	...	2,069	609	2	1,803	1,062
Percentage affected	...	...	37.6	38.2	17.4	7.2	19.5
Tuberculosis only:							
Whole carcasses condemned	...	...	13	40	1	—	10
Carcases of which some part or organ was affected	...	...	1,343	593	—	—	106
Percentage affected	...	...	24.5	37.8	0.1	—	2.0

OTHER FOOD.

In the following table details are given of food surrendered or returned for salvage during the year : —

			Number	lbs.				Number	lbs.
Bacon	...	...	—	415	Fish	...	...	—	211
Bottled goods	...	...	267	—	Flour	...	...	—	15
Bread loaves	...	...	800	—	Fowls	...	...	4	—
Buns	...	...	133	—	Margarine	...	...	—	7
Butter	...	...	—	50	Meat	...	...	—	4,164
Cake	...	...	—	90	Prawns	...	...	—	19
Cereal	...	...	—	7	Rabbits	...	...	—	53
Cheese	...	...	—	1	Sandwiches	...	...	32	—
Coconuts	...	...	79	—	Sausage	...	...	—	178
Confectionery	...	...	—	10	Sugar	...	...	—	6
Cooked meats	...	...	—	168	Tinned and packed goods	...	...	9,169	—
Dessicated coconut	...	...	—	60	Yeast	...	...	—	2

MERCHANDISE MARKS ACT, 1926.

The Marking Orders, requiring the marking with an indication of origin of certain imported food-stuffs, which were suspended during war-time, were again brought into force during 1951 and 1952, with the exception of the Order relating to butter.

The Marking Orders include such foods as apples, sultanas, currants, raisins, eggs, dried eggs, oat products, tomatoes, bacon, ham, meat, dead poultry, margarine, malt products, frozen or chilled salmon and sea trout, and honey.

The attention to traders was drawn to incorrect marking in 121 instances during the year.

SAMPLING OF FOOD AND DRUGS.

211 samples of food and drugs were submitted to the Public Analyst for examination. 13 samples were reported to be not genuine. Details of all samples taken are given in the following tables:—

No.	Nature of samples	Genuine		Not reported as genuine	
		Formal	Informal	Formal	Informal
1	Blancmange powder ...	—	1	—	—
2	Baking powder ...	—	2	—	—
1	Beef suet ...	—	1	—	—
3	Cooking fat ...	—	3	—	—
2	Coffee and chicory essence ...	—	2	—	—
1	Cake and pudding mixture ...	—	1	—	—
1	Coffee ...	—	1	—	—
1	Custard powder ...	—	1	—	—
1	Dripping ...	—	1	—	—
1	Essence of rennet ...	—	1	—	—
2	Gelatine ...	—	2	—	—
1	Ground rice ...	—	1	—	—
2	Health salts ...	—	2	—	—
35	Ice cream ...	—	33	—	2
2	Jam ...	—	2	—	—
4	Lemon cheese ...	—	4	—	—
1	Lemonade powder ...	—	1	—	—
1	Lobster in brine ...	—	1	—	—
90	Milk ...	84	4	2	—
1	Morfat whipping ...	—	1	—	—
3	Malt vinegar ...	—	3	—	—
2	Mincemeat ...	—	2	—	—
1	Marmalade ...	—	1	—	—
1	Olive oil ...	—	1	—	—
4	Paregoric ...	—	4	—	—
2	Potted meat ...	—	—	—	2
1	Pudding flour mixture ...	—	1	—	—
30	Sausage ...	—	25	—	5
4	Sal volatile ...	—	3	—	1
1	Soya flour ...	—	1	—	—
2	Sponge mixture ...	—	2	—	—
1	Tomato ketchup ...	—	1	—	—
1	Veal and ham paste ...	—	—	—	1
4	White pepper ...	—	4	—	—
1	Xmas pudding ...	—	1	—	—
211		84	114	2	11

SAMPLES REPORTED AS "NOT GENUINE."

No.	Article			Report and action taken
4606	Milk	...	...	Slightly deficient in milk solids other than milk fat. Freezing point (Hortvet) suggested the presence of a small amount of added water. Later sample No. 4618 proved genuine.
4585	Potted meat	...	...	Contained 70% of meat and 30% of cereal filler and water. Should have been described as potted meat paste. Letter sent to local Meat Traders' Association drawing attention to the need for careful description of manufactured products.
4587	Potted meat	...	...	Contained 50% meat and 50% excess water. Was a mixture of meat and water in approximately equal proportions. See 4585 above.
4590	Beef sausage	...	...	Contained 46.8% of meat. Slightly deficient in meat. In view of small deficiency no action taken.
4594	Beef sausage	...	...	Contained 27% of meat. Deficient in meat 46%. Matter referred to Food Enforcement Officer.
4595	Pork sausage	...	...	Contained 59% of meat. Deficient in meat 9.2%. Matter referred to Food Enforcement Officer.
4629	Ice cream	...	...	Contained 3.08% of fat. Deficient in fat 38.4%.
4659	Ice cream	...	...	Contained 2.92% of fat. Deficient in fat 41.6%. The manufacturer of these samples has now ceased production.
4698	Milk	...	...	Slightly deficient in milk solids other than milk fat. Freezing point (Hortvet) shewed the presence of added water. Subsequent samples have proved genuine.
4720	Tinned veal and ham paste	...	...	Contained 50% of meat. Deficient in meat 9%. This product is presumed to have been manufactured prior to alteration in standards. Stocks withdrawn from sale.
4705	Pork sausage	...	...	Contained 57.6% of meat. Deficient in meat 11.4%. A formal sample is to be taken from this source.
4688	Pork sausage	...	...	Contained 54.5% of meat. Deficient in meat 16.1%. Formal sample taken by Food Enforcement Officer proved genuine.
4766	Sal volatile	...	...	Deficient in ammonia to the extent of 15.1% and very slightly deficient in ammonium carbonate. Chemist cautioned. Use of smaller stock bottle advised.

FERTILISER AND FEEDING STUFFS ACT, 1926.

8 samples of feeding stuffs and 3 samples of fertilisers were taken for analysis.

One sample of lime was deficient in calcium hydroxide and the Inspector in whose district the lime was manufactured was advised. Two samples of feeding stuffs contained a slight excess of oil and the manufacturers were requested to adjust the statutory statement.

One sample of layers mash was slightly deficient in oil and 3.84 per cent deficient in albuminoids. Permission to prosecute was requested from the Ministry of Agriculture and Fisheries. This was given, but attention was drawn to the fact that the manu-

facturers had already been prosecuted by another authority for offences in relation to what was probably the same consignment of feeding stuff. In these circumstances a warning letter was sent to the manufacturers concerned.

SUMMARY OF SANITARY INSPECTORS' VISITS AND NOTICES SERVED DURING 1952.

Merchandise Marks Act	121	Shops	199
Water supply	69	Miscellaneous housing visits ...	4,362
Drainage	1,787	Infectious disease enquiries ...	64
Stables and piggeries	48	Visits re disinfection	108
Offensive trades	16	Miscellaneous infectious disease	
Fried fish shops	173	visits	16
Common lodging houses	38	Visits to slaughterhouses ...	26
Houses let in lodgings	15	Shops and stalls	72
Tents, vans, and sheds	86	Other premises	6
Canal boats	12	Butchers	155
Factories	291	Canteens	18
Workshops	47	Dairies and milk distributors ...	388
Workplaces	39	Fishmongers and poulterers ...	79
Bakehouses	91	Food preparing premises	74
Pharmacy and poisons	85	Grocers	492
Public conveniences	3	Greengrocers and fruiterers ...	164
Theatres and places of		Ice cream premises	586
entertainment	7	Market stalls	1
Licensed premises	156	Restaurants	54
Interviews	1,827	Street vendors and hawkers carts ...	19
Pet Animals Act	10	Sweet shops	184
Rats and mice	110	Milk—bacteriological	146
Drain tests	155	Milk—tubercle bacilli	53
Schools	1	Ice cream—bacteriological ...	54
Miscellaneous sanitary visits ...	3,675	Food and drug samples	211
Hairdressers	95	Fertilizers and feeding stuffs ...	11
Matters referred to other Depts. ...	215	Miscellaneous food visits ...	764
Houses inspected under Public		No. of nuisances found	3,019
Health Acts	996	No. of nuisances abated	3,200
Re-inspections of above houses ...	3,608	Verbal notices served	470
Houses inspected under Housing		Verbal notices complied with ...	492
Acts	36	Informal notices served	1,310
Re-inspection of above houses ...	29	Informal notices complied with ...	1,433
Overcrowding inspections	7	Statutory notices served	403
Verminous premises	212	Statutory notices complied with ...	413
Verminous premises re-visits ...	9	Premises affected by notices ...	2,970

PUBLIC MORTUARY.

The arrangement whereby the mortuary at the Moorgate General Hospital was used as a public mortuary was continued throughout the year and 54 bodies were received there and detained for 201 days. The post mortem room was used on 45 occasions. Payment is made to the local Hospital Management Committee on a basis of 5/- per day per body and £1/1/0 for each occasion the post mortem room is used.

AGED AND INFIRM PERSONS.

One application was made under Section 1 (3) of the National Assistance (Amendment) Act, 1951, for a removal order in respect of an aged woman who was in need of care and attention. This was approved and an order was made by the magistrates for her removal to the Part III accommodation at The Mount, Alma Road, Rotherham.

This order was made in December, 1952, and had not expired by the end of the year.

SMOKE ABATEMENT.

There were twelve meetings of the Sheffield, Rotherham and District Smoke Abatement Committee held during the year.

Alderman F. Harper, J.P. (who has been the Deputy Chairman of this Committee since its inception in 1930), and Councillor F. Davies were the representatives at these meetings.

The year under review showed that industrial activity is steadily increasing and with it the tendency toward increased pollution against which the necessary control is essential. Systematic control of all industrial chimneys was continued throughout the year and much useful work was carried out in advising the manufacturers and stokers with regard to improved methods of working.

The following is a summary of work done in the Borough during the year: —

Number of chimneys observed	...	...	...	...	1,422
Number of minutes smoke emitted	...	...	...	...	1,688
Average minutes smoke per 30 minutes observation	...				1.1
Number of intimation notices served	...	...	...	...	54
Number of statutory notices served	...	...	...	...	28
Number of works visited	...	...	...	...	75
Number of complaints received	...	...	...	...	23
Number of prosecutions	...	...	...	...	Nil

The grades of fuel in general use produce more ash and dust than previously in addition to which fume and dust from new industrial processes are causing some concern.

The demand for gas was such that the Gas Board were at the limit of their resources, but a new gas works is in course of erection at Carr House, and it is hoped there will be considerably more gas available for industry in the near future. An additional boiler house at the Electricity Power Station commenced to operate and being of an improved type some smoke nuisance was caused. It is hoped that when the necessary adjustments are completed that conditions will improve.

Complaints were made of nuisance caused by dust emission from the gasworks, special dust arrestment plant was installed and this has been found to operate satisfactorily.

A new works where special ferrous alloys are refined caused considerable nuisance by intermittent emissions of fume. The matter was referred to the Research Department of the University of Sheffield and certain recommendations for improvement were put forward in order to prevent pollution.

Complaints were also made of nuisance caused by a large coke oven plant on the boundary adjoining Rawmarsh and it was found that the quenching of the coke was the principle cause of the complaint. The company is considering the possibility of installing a new quenching tower.

A colliery chimney in the area caused considerable nuisance and it was eventually resolved to take legal proceedings in order to abate the nuisance.

POLLUTION RECORDING.

Additional pollution gauges have been installed in order to obtain a better conception of the drift and intensity of the same. There are four deposit gauges operating in Rotherham and at each of these stations a lead peroxide gauge is also installed in order to determine the amount of sulphur contained in the atmosphere.

The gauge at Blackburn showed fairly heavy deposits during the early part of the year, but after the installation of additional dust arrestors at the works, considerable improvement was noted.

For comparison the average amount of solid matter deposited at Oakwood Hall Sanatorium and the College of Technology are shown in tons per square mile per month.

Year	Oakwood Hall Sanatorium				College of Technology		
1949	15.72	...	21.75
1950	13.27	...	20.03
1951	13.80	...	21.80
1952	15.87	...	19.34

A detailed monthly record for the year with regard to solid matter deposited in the soot gauges situated in the area of the County Borough of Rotherham expressed in tons per square mile is given in the following table: —

Month	Oakwood Hall Hospital	Technical College	Erskine Road	Blackburn
January	—	21.08	21.46	48.18
February	11.47	18.74	21.83	39.42
March	13.85	18.45	17.49	42.36
April	12.74	15.08	23.08	34.15
May	14.55	16.15	12.57	46.16
June	16.60	14.87	18.77	60.60
July	20.32	16.93	19.10	44.97
August	15.22	14.41	100.87	25.39
September	24.07	21.51	23.72	34.12
October	14.85	25.09	23.99	31.76
November	13.91	28.39	19.51	19.64
December	16.97	21.40	21.63	—
Totals ..	174.55	232.10	324.02	426.75
Averages ..	15.87	19.34	27.00	38.80

The records for August, 1952, at Erskine Road showed evidence of extraneous pollution and the Analyst in submitting his report stated “ this sample contained a large amount of gritty matter, apparently mortar.” Excluding this result from the record, the average monthly deposit at this station was equivalent to 20.29 tons per square mile.

The following table gives the daily average of the amount of sulphur absorbed as ascertained by the lead peroxide method of sulphur determination and expressed in milligrammes per 100 square centimetres: —

Month	Oakwood Hall Hospital	Technical College	Erskine Road	Blackburn
January	3.23	3.45	5.75	2.45
February	2.59	3.19	3.42	1.63
March	1.62	2.53	1.91	1.36
April	1.50	2.22	1.99	1.32
May	1.34	1.17	1.56	1.21
June	1.38	1.15	2.18	0.96
July	1.07	1.56	1.77	1.36
August	0.91	1.67	1.94	1.07
September	1.33	2.22	1.92	1.14
October	1.41	2.42	2.17	1.41
November	2.53	3.43	2.93	1.53
December	2.01	2.71	2.88	1.73
Totals ..	20.92	27.72	20.42	17.17
Averages ..	1.74	2.31	2.53	1.43

INFECTIOUS DISEASES AND TUBERCULOSIS

The prevalence of the infectious diseases notifiable in the county borough is shown in the following table: —

Disease	1948	1949	1950	1951	1952
Acute encephalitis—Infective }	—	—	1	1	—
Post-infectious }	—	—	—	—	—
Acute poliomyelitis—Paralytic }	3	12	3	13	3
Non-paralytic }	—	—	1	4	1
Cerebro-spinal meningitis	4	1	x	x	x
Diphtheria	7	28	5	1	3
Dysentery	24	1	35	5	—
Encephalitis lethargica	—	—	—	—	—
Erysipelas	35	26	28	19	17
Malaria	—	—	—	—	1
Measles	1638	855	525	1307	1120
Meningococcal infection	x	x	2	1	5
Ophthalmia neonatorum	2	—	6	1	2
Pemphigus neonatorum	—	—	—	—	2
Pneumonia	76	122	72	107	120
Puerperal pyrexia	13	13	10	9	23
Relapsing fever	—	—	—	—	—
Scarlet fever	105	227	157	46	41
Smallpox	—	—	—	—	—
Typhoid and paratyphoid fevers	—	—	1	—	1
Typhus fever	—	—	—	—	—
Whooping cough	358	96	240	70	141
Tuberculosis—respiratory	42	38	63	50	55
other forms	9	12	5	16	10
Food poisoning	—	—	7	12	5
Totals	2316	1331	1161	1662	1550

The Public Health (Acute Poliomyelitis, Acute Encephalitis, and Meningococcal Infection) Regulations 1949 came into operation on 1st January 1950 and the changed descriptions introduced standard classifications which in the case of acute encephalitis slightly extended the scope of clinical conditions notifiable.

Notifiable disease	No. of cases notified													Total cases notified in each ward of the borough										Total cases removed to hospital	Total deaths																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	At ages—years													Clifton	East	Greasbrough	Kimberworth	Masbro'	North	St. Ann's	South	Thornhill	West																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
	At all ages	Under 1 year	1 to 2 years	2 to 3 years	3 to 4 years	4 to 5 years	5 to 10 years	10 to 15 years	15 to 20 years	20 to 35 years	35 to 45 years	45 to 65 years	65 years and over																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Acute encephalitis—infective ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

During the year 100 cases of infectious disease were notified from or removed to hospitals in the district, and the following table gives the distribution: —

	Infectious Diseases Hospitals			Other Hospitals				Total
	Lodge Moor Sheffield	Swallownest, Nr. Rotherham	Kendray Hospital Barnsley	Moorgate General Hospital	Rotherham Hospital	Fir Vale Infirmary Sheffield	Children's Hospital, Sheffield	
Acute poliomyelitis ..	4	—	—	—	—	—	—	4
Diphtheria	1	2	—	—	—	—	—	3
Erysipelas	—	1	—	—	—	—	—	1
Malaria	—	—	—	—	1	—	—	1
Measles	7	9	—	1	—	—	—	17
Meningococcal infection ..	—	—	2	1	1	—	1	5
Pneumonia	1	—	—	13	3	1	—	18
Puerperal Pyrexia	—	—	—	22	—	—	—	22
Scarlet fever	6	14	—	—	—	—	—	20
Typhoid fever	—	—	—	—	1	—	—	1
Whooping cough	4	1	—	—	—	—	—	5
Food poisoning	2	—	—	—	1	—	—	3
Totals	25	27	2	37	7	1	1	100

In addition to these cases, 10 patients were admitted for observation who were ultimately diagnosed as not suffering from infectious disease. These patients were as follows: —

Admitted for observation for	Lodge Moor, Sheffield	Swallownest, Nr. Rotherham	Moorgate General Hospital	Total
Acute poliomyelitis	2	—	—	2
Diphtheria	2	1	—	3
Measles	2	—	—	2
Meningococcal infection	—	—	1	1
Scarlet fever	2	—	—	2
Totals	8	1	1	10

The following table gives details of the notifications received monthly throughout the year: —

Notifiable disease	January	February	March	April	May	June	July	August	September	October	November	December	Total
Acute encephalitis—infective ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Post infectious	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis—paralytic ..	—	—	—	—	—	—	1	2	—	—	—	—	3
Non-paralytic	—	—	—	—	—	—	—	1	—	—	—	—	1
Diphtheria	1	—	2	—	—	—	—	—	—	—	—	—	3
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	—	1	3	1	—	2	3	2	1	3	—	17
Malaria	—	—	—	—	—	—	—	—	1	—	—	—	1
Measles	7	—	4	41	222	289	305	125	40	15	35	37	1120
Meningococcal infection ..	1	—	2	—	—	—	—	—	1	1	—	—	5
Ophthalmia neonatorum ..	1	—	—	—	—	—	1	—	—	—	—	—	2
Pemphigus neonatorum ..	—	1	—	—	1	—	—	—	—	—	—	—	2
Pneumonia	18	23	18	7	14	1	1	6	6	9	1	16	120
Puerperal pyrexia	4	—	2	1	—	2	1	2	5	—	4	2	23
Relapsing fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever	3	1	8	3	3	2	3	1	—	8	2	7	41
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid and paratyphoid fevers	—	—	—	—	—	—	—	—	1	—	—	—	1
Typhus fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	24	27	12	14	32	13	9	1	3	—	—	6	141
Tuberculosis: respiratory, males	4	2	1	—	3	3	5	1	4	2	3	2	30
females ..	3	2	—	5	3	1	1	5	1	—	—	4	25
other forms, males	1	—	—	—	1	—	—	—	—	—	—	—	2
females ..	1	1	—	—	2	1	1	—	—	1	—	1	8
Food poisoning	—	—	2	—	—	—	2	—	—	1	—	—	5
Totals	69	57	52	74	282	312	332	147	64	38	48	75	1550

In amplification of the foregoing tables the following observations are made on the principal notifiable diseases. 4 cases of acute poliomyelitis were reported, and all were treated in hospital. No deaths occurred. Two other patients were admitted to hospital for observation, but were subsequently not accepted as suffering from the disease.

41 notifications of scarlet fever were received and 20 cases were treated in hospital and 21 remained at home. Two further cases were admitted to hospital for observation but were subsequently diagnosed as suffering from tonsillitis and quinsy respectively.

Only 3 cases of diphtheria were notified during the year and all were treated in hospital. It is regrettable that two of the children — a brother and a sister, died. The cause of death of the boy was classified as due to whooping cough with diphtheria as a secondary cause; neither of these children had been immunised, whilst the third child — aged 9 years — was immunised in 1946 but had not received a re-inforcing dose. One other patient was admitted for observation for the disease but proved to be negative.

Five notifications of meningococcal infections were received and all were removed to hospital for treatment. Another patient was admitted to hospital for observation but was subsequently not accepted and was diagnosed as cerebral haemorrhage.

1,120 cases of measles were reported during the year and of these, 17 were treated in hospital. The majority of the cases (1,022) were notified in the second and third quarters of the year, the peak months being June with 289 cases and July with 305 cases. No deaths occurred from this disease.

141 cases of whooping cough were notified and one death occurred. This was the child previously referred to who also suffered from diphtheria. Of the cases notified, 11 children had received protective courses of injections from 19 months to three years previously. Five cases were removed to hospital.

Twenty-three notifications of puerperal pyrexia were received of which 21 occurred in institutional and 2 in domiciliary confinements. One of the domiciliary cases was also removed to hospital for treatment. Two cases of ophthalmia neonatorum were notified and both occurred in domiciliary confinements. Subsequent treatment resulted in the vision being unimpaired in both cases. Two cases of pemphigus neonatorum, both occurring in domiciliary confinements, were also notified; both cases were nursed by the Home Nursing Service.

17 cases of erysipelas were reported, all of whom, except one, being treated at home.

Five notifications of food poisoning were received during the year. There were two outbreaks each affecting two persons and one single outbreak. The cause of the poisoning was not discovered in any of these cases. Three of the cases were treated in hospital.

One case of chicken-pox was also admitted to the Lodge Moor Hospital, Sheffield, during the year.

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1952.

NOTIFICATIONS AND DEATHS.—The following table gives details of the number of primary notifications received during the year:—

Pulmonary		Non-pulmonary		Total
Males	Females	Males	Females	
30	25	2	8	65

In addition, the following cases were brought to notice other than by formal notification:—

	Pulmonary	Non-pulmonary
Death returns from local registrars	4	—
Transferable deaths from Registrar General ...	—	—
Posthumous notifications	1	—
Transfers from other areas (other than transferable deaths)	4	—

Particulars of new cases of tuberculosis and of deaths from the disease are given in the following table:—

Age periods Years			New cases*				Deaths			
			Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
			M.	F.	M.	F.	M.	F.	M.	F.
Under 1 ..			—	—	—	—	—	—	—	—
1-2 ..			—	1	—	1	—	—	—	—
2-5 ..			1	—	—	2	—	—	1	—
5-10 ..			—	—	—	1	—	—	—	—
10-15 ..			—	3	1	—	—	—	—	—
15-20 ..			3	2	—	1	—	—	—	—
20-25 ..			1	6	—	—	1	—	—	—
25-35 ..			7	8	—	2	2	1	—	1
35-45 ..			5	4	1	1	—	—	—	—
45-55 ..			9	3	—	—	1	2	—	—
55-65 ..			7	—	—	—	4	—	—	—
65-75 ..			3	—	—	—	4	—	—	—
75 and upwards ..			—	1	—	—	1	1	—	—
Totals ..			36	28	2	8	13	4	1	1

* Primary notifications, including other new cases which have come to the knowledge of the Medical Officer of Health during the year.

A review of the deaths which occurred during 1952 amongst notified cases of tuberculosis shows the following periods elapsed between notification and death:—

Notification	Pulmonary	Non-pulmonary
After death	1	—
Within one month	—	—
1—3 months	—	—
4—6 months	1	—
7—12 months	—	—
1—2 years	2	1
2—3 years	2	1
3—4 years	—	—
4—5 years	3	—
Over 5 years	4	—
From death returns	4	—
Total number of deaths from tuberculosis	17	2
Causes other than tuberculosis	7	1

The ratio of non-notified tuberculous deaths to the total tuberculous deaths was 1 in 16.25. No action was required for cases of wilful neglect or refusal to notify.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.—There was no occasion to take action under the above Regulations relating to tuberculous employees in the milk trade.

PUBLIC HEALTH ACT 1936: SECTION 172.—No action was taken under this Section dealing with the compulsory removal of cases of tuberculosis to hospital.

MASS RADIOGRAPHY SURVEY.

The Sheffield Mass Radiography Unit conducted a survey in Rotherham from 13th October to 13th November 1952. By courtesy of the Yorkshire Electricity Board the Unit was housed in the Rotherham Power Station Canteen, Rawmarsh Road, and considering the comparatively short period covered by the survey, the response from the general public and organised groups from shops, factories, schools and Corporation staffs was extremely good.

The following table summarises the attendances of the several groups and also gives the number of recalls for large films or for clinical examination: —

Group	X-rayed by miniature (35 m.m.) film			Recalled for large film			Recalled for clinical examination		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
General public ..	1538	1943	3481	151	116	267	30	46	76
Organised groups from Shops, factories, etc.	798	581	1379	41	18	59	3	1	4
School children/aged over 14 years ..	728	719	1447	33	37	70	3	3	6
School teachers ..	40	58	98	3	1	4	1	—	1
Corporation staffs ..	190	155	345	9	5	14	—	2	2
Nurses, midwives, home helps ..	—	117	117	—	1	1	—	—	—
Police	61	7	68	2	—	2	—	—	—
Totals	3355	3580	6935	239	178	417	37	52	89

The following cases were subsequently dealt with: —

	Males	Females	Total
Suspected tuberculosis cases referred to Rotherham Chest Clinic	13	15	28
Cases referred to Chest Clinic, City General Hospital, Sheffield	2	—	2
Non-tuberculosis cases referred to examinee's own doctor	37	33	70

It will be seen that of the 6,935 persons attending, 30 or 0.43 per cent. were referred to Chest Clinics as suspected cases of tuberculosis and 70 or 1.01 per cent. were referred as non-tuberculous cases to the examinee's own doctor.

These results can be regarded as highly satisfactory and show that the incidence of tuberculosis found by the survey is well below the average.

CARE OF MOTHERS AND YOUNG CHILDREN

CHILD WELFARE CENTRES.

Maternity and child welfare clinics are held twice weekly at two main clinics and weekly at five other branch clinics.

An eighth clinic for toddlers only was opened at the Broom Valley School on 19th May, 1952, and is held twice monthly.

This project has been undertaken to make some attempt to provide a service for the 2—5 years age group, who, because of shortage of staff were receiving less attention than hitherto.

All the facilities of special and consultant clinics provided for school children are also available for the pre-school child.

The sale of infant foods and nutritional aids has continued at all Infant Welfare Centres.

The Hospital Paediatric Clinics and Paediatrician work in good liaison with the services of the Health Department.

The clinics are in continuous use for health propaganda, notice boards and display cabinets are furnished with pictures and demonstrations. These are frequently changed, and educational health matters are kept before the public, by the health visitors in co-operation with the Health Services Information Officer. The film projector and strip film projector are also used at the clinic sessions from time to time.

Attendances at the various clinics are set out below : —

				New registrations		Total children attending		Total attendances		Medical consultations	
				Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.
Sessions held											
Ferham House	...	...	100	185	43	209	193	1,976	939	890	518
Cranworth Road	...	...	100	277	28	436	306	2,529	992	735	442
Thorpe	...	...	48	43	5	71	69	464	243	117	89
Greasbrough	...	...	40	43	3	73	46	446	175	169	74
Canklow	...	...	48	108	19	159	115	961	421	586	285
Blackburn	...	...	52	31	8	51	34	375	96	106	47
High Greave	...	...	51	73	9	125	52	928	299	257	143
Broom Valley	...	...	24	2	63	3	149	9	203	7	193
				463	762	178	1,127	964	7,687	3,368	2,867

2,091 children making 11,075 attendances.

In addition to the child welfare clinics the following pre-school children were referred during 1952 to the specialist and other treatment clinics held on centre premises:—

	Cases	Attendances
Orthopaedic	31	192
Orthopaedic treatment	40	667
Aural	85	192
Aural treatment	96	338
Ophthalmic	62	399
Chiropody	7	9
Dental	283	350
Minor ailment treatment	129	466

At the ophthalmic clinic, 62 children under 5 years of age were submitted for refraction and made 101 attendances. In 53 cases glasses were prescribed. 298 re-inspections of children in this age group were also made during the year.

DENTAL TREATMENT.

Details of the arrangements made for dental care of expectant and nursing mothers and young children are fully detailed in the appendix to this report and will be found on pages 98-100.

The following table gives details of the treatment given to these patients during 1952:—

	Children under five	Maternity	Total 1952	Total 1951
Total attendances	350	905	1,255	1,384
Number of individuals treated	283	246	529	692
Extractions—permanent teeth	—	637	637	501
—temporary teeth	486	2	488	570
Fillings —permanent teeth	—	79 in 78	79 in 78	74 in 69 teeth
—temporary teeth	14 in 14	—	14 in 14	31 in 29 teeth
Anaesthetics—local	1	25	26	44
—general	289	223	512	481
Other operations	42	550	592	642
Number of patients supplied with dentures	—	99	99	83

NUMBERS PROVIDED WITH DENTAL CARE.

	Expectant and nursing mothers	Children under five
Inspected	331	283
Needing treatment	259	283
Treated	246*	283
Made dentally fit	183	283

*Treatment often extends over several months, thus some individuals referred in 1951 are included in the 1952 treatment figure.

FORMS OF DENTAL TREATMENT PROVIDED.

								Expectant and nursing mothers	Children under five
Extractions	...	...	...	...	...	...	...	639	486
Anaesthetics—local	...	...	...	...	...	...	...	25	1
—general	...	...	...	...	...	...	...	223	289
Fillings	...	...	...	...	...	...	...	79 in 78	14 in 14 teeth
Scalings, gum treatment and dressings, etc.	...	...	...	...	...	...	...	120	—
Radiographs	...	...	...	...	...	...	...	10	—
*Dentures provided—complete	...	...	...	...	...	...	...	58 (34)	—
partial	...	...	...	...	...	...	...	91 (72)	—

* For the purposes of this table a “full” or “complete” denture is taken to mean a complete set of artificial teeth for one jaw only, i.e., a patient having a full upper only, has one complete denture while a patient having a full set of dentures has two complete dentures. Similarly a patient having a partial denture in each jaw is credited with two partial sets. The actual number of patients provided with dentures is given in brackets. Actually a patient having a full upper denture and a partial lower denture figures in both columns. There were 7 patients in this category in 1952 so that the total number of individuals supplied with dentures in 1952 was 99.

Details of the denture work done for maternity patients was made up as follows: —

						Dentures	Patients
Full upper and full lower dentures	...	...	...	...	...	48	24
Full upper or full lower dentures	...	...	...	...	...	3	3
Full upper or full lower denture along with part lower or part upper denture	...	...	...	...	...	14	7
Partial upper and partial lower dentures	...	...	...	...	...	38	19
Partial upper or partial lower dentures carrying 4 teeth or less	...	...	...	...	...	22	22
5—8 teeth	...	...	...	...	...	21	21
over 8 teeth	...	...	...	...	...	3	3
Totals—full dentures	...	...	...	...	...	58	99
partial dentures	...	...	...	...	...	91	—

In addition to the above, 5 dentures were re-lined and 31 dentures were repaired.

CARE OF THE PREMATURE INFANT.

The special service provided for the care of the premature infant continued to contribute to the lowered infantile mortality.

During the year 133 premature or weakly babies received visits and 2189 visits were paid.

There were no deaths among the infants attended during 1952.

The scheme for the regular checking of progress of premature babies, including blood counts, has continued during the year with the co-operation of general practitioners and Dr. Harvey, the Paediatrician. Altogether 70 premature infants were referred for examination; of these 17 were found to be thriving satisfactorily and 53 were in need of medicine containing extra iron.

INFANTILE MORTALITY.

The following table gives the details concerning infantile mortality :—

CAUSE OF DEATH	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under one year
All causes : certified	21	2	1	-	24	10	4	1	-	39
uncertified	-	-	1	-	1	2	1	-	-	4
Small-pox	-	-	-	-	-	-	-	-	-	-
Chicken-pox	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-
Scarlet-fever	-	-	-	-	-	-	-	-	-	-
Whooping cough	-	-	-	-	-	-	-	-	-	-
Diphtheria and croup	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-
Tuberculous meningitis	-	-	-	-	-	-	-	-	-	-
Pulmonary tuberculosis	-	-	-	-	-	-	-	-	-	-
Other tuberculous diseases	-	-	-	-	-	-	-	-	-	-
Meningitis (not tuberculous)	-	-	1	-	1	-	-	-	-	1
Convulsions	-	-	-	-	-	-	-	-	-	-
Laryngitis	-	-	-	-	-	-	-	-	-	-
Bronchitis	-	-	-	-	-	-	1	-	-	1
Pneumonia (all forms)	-	-	1	-	1	9	3	1	-	14
Diarrhoea	-	-	-	-	-	-	-	-	-	-
Enteritis	-	-	-	-	-	-	-	-	-	-
Gastritis	-	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-
Rickets	-	-	-	-	-	-	-	-	-	-
Suffocation, overlying	-	-	-	-	-	-	1	-	-	1
Injury at birth	7	1	-	-	8	-	-	-	-	8
Atelectasis	2	-	-	-	2	-	-	-	-	2
Congenital malformations	-	-	-	-	-	1	-	-	-	1
Premature birth	11	1	-	-	12	-	-	-	-	12
Atrophy, debility & marasmus	-	-	-	-	-	-	-	-	-	-
Other causes	1	-	-	-	1	2	-	-	-	3
Totals	21	2	2	-	25	12	5	1	-	43

Nett births in the year :	legitimate infants	1275
	illegitimate infants	54
Nett deaths in the year :	legitimate	39
	illegitimate	4
Infantile mortality rate per 1,000 births :	legitimate	31
	illegitimate	74

FERHAM VILLA NURSERY.

The nursery at Thames Street was transferred to Ferham Villa on 22nd January, 1952, and provides a great improvement on the accommodation and environment of the original wartime nursery.

The new nursery has accommodation for 25 children and steps have recently been taken to seek recognition as a training nursery. In 1952, consideration was given to the Ministry of Health circular regarding nursery charges, and a revised scale making charges according to income was introduced in November.

Altogether 47 children have passed through the nursery during the past year. There were 13 new admissions, of which there were 7 children of unmarried mothers, 2 of separated parents and 4 of families where the father was disabled.

In the following tables details are given of the occupancy of the nursery: —

MONTH	NUMBER OF DAYS OPEN	NUMBER OF CHILDREN ATTENDING			NUMBER OF ATTENDANCES		
		0-2 yrs.	2-5 yrs.	Total	0-2 yrs.	2-5 yrs.	Total
January ..	27	3	16	19	62	228	290
February ..	25	4	13	17	67	219	286
March ..	26	5	12	17	87	238	325
April	24	7	12	19	109	184	293
May	26	6	14	20	125	234	359
June	24	6	12	18	122	190	312
July	27	6	12	18	108	225	333
August ..	24	7	13	20	93	139	232
September ..	26	8	12	20	142	194	336
October ..	27	7	14	21	149	316	465
November ..	25	6	14	20	91	239	330
December ..	24	4	15	19	54	212	266
Total ..	305				1,209	2,618	3,827

MONTH	AVERAGE ATTENDANCE			MAXIMUM ATTENDANCE AT ONE SESSION	Minimum attendance at any one session	
	0-2 yrs.	2-5 yrs.	Total		MONDAY TO FRIDAY	SATURDAY
January ..	2.3	8.4	10.7	14	8	4
February ..	2.7	8.7	11.4	14	10	2
March ..	3.3	9.2	12.5	16	12	3
April	4.5	7.7	12.2	16	12	3
May	4.8	9.0	13.8	17	13	2
June	5.1	7.9	13.0	18	1 (Whit Tu.)	3
July	4.0	8.3	12.3	17	9	5
August ..	3.9	5.8	9.7	14	7	2
September ..	5.4	7.5	12.9	18	11	—
October ..	5.5	11.7	17.2	21	17	3
November ..	3.6	9.6	13.2	20	11	1
December ..	2.2	8.8	11.0	15	7	1
Average ..	4.0	8.6	12.6			

CHILDREN'S COMMITTEE—RESIDENTIAL NURSERY AND CHILDREN'S HOMES.

Medical examination of children in residential nurseries and homes have continued at monthly intervals in nursery and quarterly in children's homes, and on admission and discharge from the Children's Officer's care. The following visits were made to the Residential Nursery during the year: —

By the Deputy Medical Officer of Health	...	...	...	99
By the Deputy Superintendent Health Visitor	...	...	...	20

WELFARE COMMITTEE—TEMPORARY ACCOMMODATION.

The district health visitor has continued to visit families provided with temporary accommodation in The Mount and at 50-52, Canklow Road, 126 visits being paid during the year. All children in these families were examined on admission by a medical officer of the Health Department.

MATERNITY SERVICES AND THE DOMICILIARY MIDWIVES SERVICE

MATERNITY SERVICES.

The number of confinements of women normally resident in the Borough during 1952 was 1,372; of which 705 or 51.38 per cent. were domiciliary cases.

The following table shows the usage of the maternity services.

Confinements among normal residents in the Borough:—

			1948	1949	1950	1951	1952
A. SERVICES PROVIDED WITHIN THE BOROUGH:—							
Moorgate General Hospital	...	...	736	578	496	482	412
Rotherham General Hospital	...	...	2	1	—	—	1
Private nursing homes	...	...	145	119	80	43	34
Domiciliary confinements	...	...	710	763	722	704	705
B. SERVICES PROVIDED OUTSIDE THE BOROUGH:—							
The Jessop Hospital, Sheffield	...	...	11	8	8	15	14
Listerdale Maternity Home	...	...	4	52	126	172	188
Hallamshire Maternity Home	...	...	2	8	8	11	13
Private nursing homes and other institutions	...	...	9	6	10	6	1
Domiciliary confinements	...	...	5	6	5	8	4
Total confinements			1,624	1,541	1,455	1,441	1,372

These figures indicate that even with a slightly declining birth rate, the number of domiciliary confinements is being maintained. Of 613 births in hospital (412 births at Moorgate General Hospital, 188 births at Listerdale Maternity Home and 13 births at Hallamshire Maternity Home) 339 were referred for investigation of home conditions, as they were not needing hospital confinement for any obstetric condition. As a result of these enquiries, 105 or nearly one-third, were found not to be in need of hospital confinement because of adverse home conditions. The financial aspect of the confinement is an important consideration when applying for accommodation, as maternity grants and allowances do not have to be used for domestic arrangements when this takes place in hospital or maternity home. More applications were rejected during the later months of 1952 by Moorgate General Hospital due to pressure on hospital beds. Housing conditions for young married people are often difficult, and do not contribute to the security and peace of mind that one would like to ensure for the pregnant woman.

Although there has been a marked decline in the Borough infantile mortality rate during the last two years, from 50 in 1950 to 28 in 1951 and 32 in 1952, an analysis of the 1952 infant deaths shows that 50 per cent. of those dying under a year did not survive more than 7 days, some only living a few hours.

The health visitors have paid first visits to 1,354 live births, that is approximately 99 per cent. of the whole.

Rhesus examinations are routine practice for both domiciliary and hospital confinements. The blood examinations are carried out in the Regional Transfusion Laboratory of the National Blood Transfusion Service at Sheffield. It was found that the Rhesus records of previous pregnancies were becoming more difficult to trace, because of changes of address and place of confinement within the area and also due to the different filing systems employed in the hospitals, the Borough Health Department, the West Riding Clinics, and by the private doctors. Therefore as from May 1952, it was decided to include the information regarding Rhesus conditions on the birth notification, and this is also entered in the register of notification of births kept in the Health Department. This information will therefore be available if needed by doctor, midwife or hospital in the future, by reference to this register.

DOMICILIARY MIDWIVES SERVICE.

There was no change in the establishment of one superintendent and twelve district midwives during the year. Changes in the personnel occurred as follows: —

Mrs. Gosling, Deputy Superintendent Midwife, retired on the grounds of ill-health on 8.5.1952.

Mrs. McGann, who was promoted to Acting Deputy Superintendent on 5th January 1952 shortly after Mrs. Gosling went off duty, was confirmed in this appointment following Mrs. Gosling's retirement.

Mrs. Edwards, commenced duty as a relief midwife on 11th August 1952.

Mrs. Staley, resigned on 5th October, 1952.

Miss Thorpe commenced duty as a relief midwife on 21st November 1952.

Consequent upon these changes of staff Mrs. O'Connor took over the area of Mrs. Gosling in the Broom Valley district and shortly afterwards, the weekly ante-natal clinic which had previously been held at Mrs. Gosling's home was transferred to the Cranworth Road Clinic.

Following the erection of the new houses in Richmond Park and the Meadow Hall Road districts, by arrangement with the Housing Dept. an exchange of houses from 291, South Street, to 96, Meadow Hall Road was made in order that Miss Atkinson would

be more centrally housed in her district. Later on in the year, on the appointment of Miss Thorpe as a relief midwife, a further house was allocated to the service at 66, Richmond Park Avenue, and she was granted a service tenancy. The house of Mrs. Gosling, which was her own property, ceased to be used after her retirement by a municipal midwife.

The case load of the domiciliary midwives was maintained as indicated below:—

			1948	1949	1950	1951	1952
Domiciliary midwives	...	...	604	781	737	712	710
District Nursing Association	...	...	6	—	—	—	—
Private midwives	...	...	16	—	—	—	—
			—	—	—	—	—
Total cases	...	...	626	781	737	712	710
			—	—	—	—	—

There are no midwives in private practice in Rotherham.

Of the 710 cases delivered, 328 were booked as midwives cases and 191 were delivered by them in the absence of the doctor booked with them, making a total of 519 cases delivered by midwives; the remaining 191 cases were attended by the midwives in their capacity of maternity nurses.

Eight cases were handed over to the Home Nursing Service for nursing on account of infection or suspected infection in the mother or her baby.

The care of 32 premature and 2 weakly infants was handed over to the premature baby nurse after the 14th day when the midwife's attendance ceased; the premature baby cots were issued to eight cases during the year.

Analgesia was administered throughout the year both by means of pethidine and gas and air. The following table gives details of the cases receiving analgesia by those means during 1952:—

			Midwifery cases	Maternity cases	Total
Cases attended by midwives	...	...	519	191	710
Cases in which gas and air was administered	...	...	390	146	536
Percentage	...	...	75.1	76.4	75.5
Cases in which pethidine was administered	...	...	217	98	315
Percentage	...	...	41.8	51.3	44.4

Fifteen sets of Minnett's apparatus for the administration of gas and air analgesia are possessed by the Service and were in use continuously, and all sets were overhauled four times during the year to keep them in good working condition.

District midwives continued to give service to mothers discharged from local hospitals and maternity homes before the fourteenth day and the following table gives details of the 207 cases taken over for nursing:—

Day of discharge	Moorgate General Hospital	Listerdale Maternity Home	Hallamshire Maternity Home	Jessop Hospital Sheffield	Total
2nd ...	1	—	—	—	1
3rd ...	2	—	—	—	2
4th ...	2	—	—	—	2
5th ...	8	1	—	—	9
6th ...	6	—	—	—	6
7th ...	3	—	—	1	4
8th ...	9	3	—	—	12
9th ...	10	—	1	2	13
10th ...	63	16	2	—	81
11th ...	39	9	1	—	49
12th ...	11	3	—	1	15
13th ...	12	—	1	—	13
	—	—	—	—	—
	166	32	5	4	207
	—	—	—	—	—

A large proportion of the cases discharged before the tenth day following confinement were patients who had booked under the District Midwives Service for their confinement but for medical reasons or in emergency had been admitted to hospital and were returned to the midwife concerned. The early discharge of these patients represented a saving of 802 patient days to the hospital authorities.

The supervision of the midwives was undertaken throughout the year by Dr. Ballantine, Consultant Obstetrician, in his capacity as medical supervisor. Following the retirement of Miss Barraclough, the Council appointed Mrs. Walsh the Superintendent Midwife as her successor in the office of Non-Medical Supervisor and approval to this was given by the Ministry of Health in September. The usual annual inspection of midwives and nursing homes was carried out by Dr. Ballantine, and the day to day supervision is undertaken by Mrs. Walsh.

PUPIL MIDWIVES.

Seven of the eight pupil midwives who took training on the district satisfied the examiners for Part II of the Central Midwives Board examination and the eighth candidate is not due to sit the examination until March 1953.

POST CERTIFICATE COURSES.

Two midwives attended refresher courses which were held at Chorley and Oxford.

MIDWIFERY LECTURES.

Lectures were given to the Queen's Nursing candidates in training at the request of the Superintendent of the Home Nursing Service.

DISTRICT ANTE-NATAL AND POST-NATAL CLINICS.

The following table gives details of the attendances at the consultant ante-natal clinics during 1952:—

Clinics	Sessions held	New cases			Total women attending			Total attendances		
		A.N.	P.N.	B.C.	A.N.	P.N.	B.C.	A.N.	P.N.	B.C.
Ferham House ...	24	212	58	—	312	75	—	318	75	—
Cranworth Road ...	49	193	71	1	371	88	6	392	89	6
Thorpe ...	10	22	7	—	52	7	—	52	7	—
Greasbrough ...	12	34	13	—	86	19	—	86	19	—
	—	—	—	—	—	—	—	—	—	—
Total ...	95	461	149	1	821	189	6	848	190	6
	—	—	—	—	—	—	—	—	—	—

Details of attendances held at midwives clinics held at Centres or at the midwife's home during the year are as follows:—

				Cases attending from 1951	New cases 1952	Total attendances
Ferham House	...	...	...	142	321	1,217
Cranworth Road	...	...	...	89	304	1,398
Thorpe	...	...	...	—	13	49
Greasbrough	...	...	...	26	49	414
Mrs. Gosling's home	...	...	...	16	26	88
Mrs. O'Connor's home	...	...	...	—	3	8
Mrs. Clarke's home	...	...	...	11	12	75
				—	—	—
Totals	...	...	...	284	728	3,249
				—	—	—

The clinics held at Mrs. Gosling's home and Mrs. O'Connor's home covering the Broom Valley district were transferred to the Cranworth Road Clinic as from 3rd April 1952, whilst Mrs. Clark's clinic was transferred to the Thorpe clinic at the end of June 1952. All midwives clinics are now held on Centre premises.

At all these sessions the educational facilities were continued including advice on the preparation for the patient's forthcoming confinement, instruction in the use of the gas and air machine and on general health topics.

The arrangements made for the attendance of midwives at the relaxation classes and mothercraft classes held at the two main clinics which were reported in the last Annual Report came into operation at the beginning of the year and continued throughout 1952, the midwives attending on rota.

RHESUS INVESTIGATION.

The arrangements for the taking of blood specimens at the consultant clinics and by midwives has now become part of the routine examination and continued unchanged throughout the year.

HEALTH VISITING

HEALTH VISITORS AND SCHOOL NURSES.

At the end of 1952, including the Superintendent Health Visitor, her deputy, and the Health Visitor/Social Worker, there were nine full time and one part time health visitors and five full time school nurses employed. In addition, as temporary dilutees pending the engagement of qualified staffs, there were three full time and one part time State Registered Nurses and two full time clinic assistants employed, making a total of 19 full time and two part time staff employed. There are eight vacancies and a constant effort has been made throughout the year to maintain and increase the qualified staff employed but without success.

Every attempt has and is being made to cover the work of the department under the various sections of the National Health Service Act, but case loads are too heavy (1,000 infants and 300-400 others, i.e. Tuberculosis, Mental Defectives, Aged) and personnel spread too thinly to give the individual field worker an area that can be covered in a manner satisfactory to both visited and visitor.

INFANTS AND YOUNG CHILDREN.

Regular routine visiting is being maintained to children under a year and where possible up to 2 years, and up to date no area has been left uncovered for this service. Visiting and follow up of 2-5 years is done only when necessary and before entrance to school. The homes of all children up to 16 years who are admitted to hospital are visited and follow up visits are also paid on discharge.

The case load for 1952 was:—

				Visits paid
Infants under 1 year on visiting list	...	...	1,134	7,211
Infants 1—5 years on visiting list	...	...	5,152	7,884
Tuberculosis patients	...	...	378	597
Mental defectives	...	...	191	351
Aged persons, chronic sick	...	...	1,354	1,452
Day nursery, supervision of	...	...	1	12
Other duties undertaken in respect of local authority services—				
Visits to expectant mothers	...	...		878
Residential nurseries and homes	...	...		18
Supervision of families in temporary accommodation	...	...		126
Visits to hospital departments and wards	...	...		272
Visits to chest clinic	...	...		44

Two members of the staff attended refresher courses during the year, and the Superintendent Health Visitor and Health Visitor/Social Worker attended a one day conference arranged by the Royal Sanitary Institute at Wakefield, on the Problem Family.

SCHOOL NURSING.

The school nurses have carried out the duties in connection with school work generally, with the help of clinic assistants and clinic nurses.

The case load for 1952 was as follows:—

Number of school population	...	...	...	...	14,151
Number of nursery schools	...	...	...	...	1
Number of nursery classes	...	...	...	...	6
Number of voluntary schools	...	...	...	...	2
Number of primary schools	...	...	...	...	19
Number of secondary modern schools	...	...	...	...	5
Number of secondary technical schools	...	...	...	...	1
Number of County grammar schools	...	...	...	...	2
Number of special schools					
Open air school	...	...	...	...	1
Educationally sub-normal school junior and senior	...	...	...	...	1
					— 2
Oakwood Hall Sanatorium school	...	...	...	...	18 children

During the year it has been possible with the full complement of medical officers to go forward with medical inspections in schools, and to increase the number of minor ailment clinics. The extra call on the time of school nurses and clinic staffs, to prepare and attend at medical inspections, resulted in difficulties in the follow up of uncleanness of school children.

In August 1952 a state registered nurse was appointed to take over the follow-up of school children found with verminous conditions by the school nurse. Results during the last term in 1952 show an improvement that justifies this appointment.

HEALTH EDUCATION.

This is recognised as the foundation of the health visitor's work and takes place in every section of her duties, and has been put into practice by:—

1. Individual teaching ... by discussion and advice and use of literature in the home.
2. Collective and Individual ... advice and talks in clinics.
3. Exhibitions and Posters ... on clinic premises as already noted under "Child Welfare Clinics."
4. Concentrated drives in the interest of prevention ... in specific fields have taken place in the Borough from time to time, as for instance, diphtheria, home accidents, and clean food. Co-operation has been given by tradesmen as well as statutory bodies concerned to further these latter efforts.
5. The Film and Film Strip Projectors ... which are used in the Welfare Centres whenever suitable films are available. The film projector is operated by the Health Services Information Officer and is used regularly in the clinics and elsewhere.
6. Mothers' Club ... is held weekly in one of the main clinics. It meets at 6.30 p.m. on Monday evenings and is organised and supervised by health visitors who volunteer to do this, but otherwise is run by the mothers themselves for social and cultural activities.

SOCIAL CASE WORK.

CARE OF THE UNMARRIED MOTHER.

During the past year 39 unmarried mothers were dealt with by the health department. Of these 8 were admitted to the St. Agatha's Mother and Baby Home, Sheffield, 13 were receiving co-operation from their parents and were able to stay at home, 4 mothers are still awaiting their confinements, and a further 14 expectant mothers were helped, but these came under the category of separated wives or cohabitees.

Of the 8 cases admitted to the St. Agatha's Home, 4 mothers ultimately had their babies adopted (including a set of twins); a fifth intends to seek this course with her twins (should they thrive sufficiently well). Two others kept their babies, and one mother, being a mental defective, had her baby admitted to Rotherham Corporation Nursery, as she herself was unable to care for it. Four of the mothers ultimately resumed work; the mother of the twins (which are not yet ready for adoption), also intends to go back to work eventually; the mentally defective girl was subsequently admitted to St. Catherine's Institution for Mental Defectives, Doncaster, and one of the mothers who kept her baby remained at home to look after it herself. Only one of these girls sought an Affiliation Order.

Of the 13 who were able to stay at home 10 were confined in local hospitals whilst 3 were confined in their own homes. Eight of these mothers kept their babies; four others were later married, whilst one baby had to be admitted to Rotherham Corporation Nursery as the mother was subject to epileptic fits. Five of the mothers have returned to work; another three, taking advantage of the National Assistance allowance granted for this purpose, stayed at home to care for the babies themselves, whilst the epileptic girl, due to her disability, is unemployable. Five girls in this group obtained Affiliation Orders.

Of the 14 cases of separated wives or cohabitees, 8 of these were confined in hospital and 5 at home whilst the remaining one left the district before her confinement. Two of these mothers had their babies adopted; in seven cases the baby was happily absorbed within the household, two babies died and one was stillborn. One mother on being discharged from hospital departed "leaving her baby to the hospital." She was subsequently traced to London and the infant was ultimately admitted into a Corporation Nursery. With this latter exception, all the mothers in this group remain at home; three were in receipt of a National Assistance allowance.

Two girls, the social worker feels she can hardly say availed themselves of her care; one was a concealed pregnancy and the baby subsequently died; the other girl booked for St. Agatha's spent one night there, had her baby the next day and took herself and child home as soon as she was able, subsequently handing the baby over for adoption.

The Church of England Diocesan Moral Welfare Association outdoor worker continues to serve Rotherham from the Doncaster branch one day each week and in addition Leeds Catholic Diocesan Moral Welfare Association have a social worker in the area for a day each fortnight. Both of these ladies are anxious, in addition to their care of the unmarried mother, to undertake matrimonial problems in regard to members of their respective religious denomination.

ILLEGITIMATE CHILDREN.

During the past year forty-two more newly born illegitimate children came under the care of the Social Worker, making a total of a hundred and thirty seven cared for during the year. Once the mother has been rehabilitated the Social Worker has continued the policy of passing over the care of the mother and child to the area Health Visitor.

The aim of the work is still to help the unmarried mother in caring for her child whilst she works. Fourteen of these children were cared for in the Corporation Day Nursery and two in foster homes; one child was admitted to Dr. Barnardo's Homes, as whilst the mother was on shift work he was beginning to get out of hand in lodgings; although doubtful at first about the arrangements the mother, who goes to see her child regularly, brings back glowing reports of his progress and of his excellent adjustment to his new home.

PROBLEM FAMILIES.

During the year five more families were referred for case work making a total of fifty families under supervision. In all, two hundred and four children were involved although only a hundred and eighty of these were under active supervision, a hundred and twelve being under five years of age.

Nine families came off the list for various reasons; the parents in one case were prosecuted and imprisoned for child neglect and their children committed to the care of the Children's Officer; two families "grew up" the children being more of an age to fend for themselves; two improved so that special supervision was no longer necessary and two families left the district.

It was necessary to notify thirteen cases of neglect to the National Society for the Prevention of Cruelty to Children and that Society undertook two prosecutions, the one above mentioned, and another in which the parents were bound over for a year having their baby temporarily removed from their care until standards within the home improved. Another child suffering from slight bronchitis and septic chilblains was temporarily removed from his home to the Corporation Nursery for proper care.

With regard to the other thirty-six families on the books, it can safely be said that although they do require the social worker's strict supervision, the parents are trying to co-operate and there is, slight though it may be, a definite glimmer of improvement.

In three cases the free Home Help Scheme was made use of, with excellent results.

Seventeen children went to Filey Convalescent Home in the Summer. It is significant that all except three required herculean efforts at very short notice to secure appropriate clothing for the occasion. Next year it is hoped to prepare in advance for this event by instituting a mother's sewing party.

The Rotherham District Nursing Benevolent Fund was generous in providing blankets and essential clothing in two cases making it possible to give the parents concerned another chance to improve their home standards, thereby avoiding action being taken for the children's removal. In several cases paint and paper were obtained again this year through the Stoddard Fund, with good educational results; necessary maternity clothing also was obtained through this fund, including the provision of blankets for twins.

VENEREAL DISEASE.

The Social Worker resumed follow-up work in this connection in November, and up to the end of the year she visited the clinic on four occasions and made 28 follow-up visits to homes.

GENERAL STATISTICS.

The following statistical summary details the work performed by health visitors, clinic nurses, and clinic assistants (excluding duties undertaken in the School Health Service).

Sections 22, 24, 26, 28, and 51, National Health Service Act.

EXPECTANT MOTHERS.

Home enquiries regarding hospital bookings	...	...	...	316
Revisits	...	...	...	20
First visits expectant mothers other than above	...	...	...	367
Revisits	...	...	...	175
Contacts with social agencies on behalf of mothers	...	...	...	134
Arranging convalescence	...	...	...	42
Escorting duties	...	...	...	—
Visits to maternity wards	...	...	...	49

YOUNG CHILDREN (visits paid after the birth of the child).

Still births:—

Hospital and nursing home confinements	...	...	...	23
Domiciliary confinements	...	...	...	10

Live births:—

Hospital and nursing home confinements	...	...	...	606
Domiciliary confinements	...	...	...	688

CHILDREN UNDER 1 YEAR.

Premature babies — nurse's supervisory visits	...	...	...	2,189
General routine visits	...	...	...	5,186
Illegitimate	...	...	...	486
Ill-cared for	...	...	...	56
Death enquiries	...	...	...	36

CHILDREN 1-5 YEARS.

General routine visits	...	...	...	6,226
Illegitimate	...	...	...	850
Ill-cared for	...	...	...	141
Found on area (and not known to have been visited before)	...	...	...	29

Investigations for places in day nursery	18
Contacts with social agencies ...	219
Visits 5-18 years—illegitimate ...	289
CHILDREN 0-15 YEARS—HOSPITAL FOLLOW-UP.	
1st visits	333
Re-visits	324
Visits to children's wards ...	8
Attendances at paediatric clinics	77
SOCIAL CASE WORK.	
Number of cases referred ...	11
Visits paid to homes	408
Cases referred to N.S.P.C.C. ...	17
Other social contacts	248
Interviews, etc.	296
Attendances, V.D. clinic ...	4
Visits, V.D. follow-up	28
ADOPTION AND FOSTERING OF CHILDREN.	
Enquiries on behalf of adoption societies	9
Visits paid after placing and until order obtained	9
Adoptions by direct placing ...	4
Visits paid after placing and until order obtained	12
Attendances at Sheffield Adoption Committee	14
Social contacts re adoption ...	5
Vigilance — fostering and adoption cases referred to the Children's Officer	3
Visits to homes of fostermothers where arrangements for placing pending	8
Visits to illegitimate children placed in foster homes	24
Escorting duties	21
GENERAL CARE AND AFTER CARE.	
1st visits	96
Re-visits	36
Ward visits	22
Contacts with other agencies ...	49
SOCIAL ENQUIRIES FOR ALMONERS, SHEFFIELD HOSPITALS.	
1st visits	35
Re-visits	10

FOLLOW-UP VISITS, HOSPITAL PATIENTS OTHER THAN CHILDREN.	
1st visits	294
Re-visits	212
TUBERCULOSIS.	
1st visits to patients	70
Re-visits	527
Attendances at Chest Clinic ...	44
Patients visited in Oakwood Hall Sanatorium	2
OTHER INFECTIONS AND INFESTATIONS.	
Total visits	249
Contact swabbing	29
Referred to social agencies ...	7
MENTAL DEFICIENCY.	
1st visits	29
Re-visits	322
Escorting duties	13
AGED PERSONS.	
1st visits	302
Re-visits	961
Ward visits	114
Hospital survey visits	176
Referred from bed bureau for investigation	3
Visits to reading rooms	37
DUTIES DELEGATED BY THE CHILDREN'S COMMITTEE.	
Visits to Oakwood Grange Nursery	12
Visits to residential homes ...	6
DUTIES DELEGATED BY THE WELFARE COMMITTEE.	
Hygiene surveys — temporary accommodation at The Mount ...	11
Visits paid to separate families in accommodation	126
HEALTH EDUCATION.	
Mothercraft and Health Education talks, clubs, clinics and schools	119
Talks to outside organisations ...	12
STAFF ATTENDANCES AT LOCAL HEALTH AUTHORITY CLINICS AND NURSERIES.	
Ante-natal clinics	197
Child welfare clinics	880
Nursery welfare sessions	11
Immunisation clinics	100

HOME NURSING

The arrangements for the administration of the Service remained unaltered throughout the year and no change was made in the personnel of the Nursing Sub-Committee. Consequent upon the resignation of Miss A. Ratcliffe on her appointment to a senior post at Leicester, Miss V. McCarthy took over her duties as Superintendent of the Service as from 14th January, 1952.

Following the retirement of Dr. Barr as Medical Officer of Health, the Council appointed myself as his successor to be one of their representatives on the North Eastern Area Federation of the Queens Institute.

Repeated advertising of the vacant post of Assistant Superintendent brought no suitable applicants for the post, and after consultation with the Queens Institute of District Nursing, it was decided as a temporary measure pending an appointment, to promote Miss M. Walker to the post of Senior District Nurse as from 21st July, 1952.

Four candidates were undergoing training at the beginning of the year and one of these failed in the written examination and another candidate failed on the practical nursing tests. Both these nurses subsequently re-sat and qualified during the year. A further course of training was undertaken in March when three students commenced their training and in May, a part time member of the staff undertook the shortened period of training for experienced nurses. All four candidates sat the examination for the Queen's Roll on 11th September, having had excellent reports on their practical work from Miss Dolton, Queen's visitor. Unfortunately one student failed the written examination, but the other three passed. It is pleasing to record that at this examination one of our staff candidates secured credits and that only one other entrant for the examination secured this high distinction out of 194 students. No further course of training was arranged later on in the year and consequently no candidates were undergoing training at the year end. The candidate who was referred on her written examination has not yet re-sat this part of the examination but continued to be employed as a State Registered Nurse.

The arrangements whereby candidates secured rural training were revised during the year and an arrangement was made for them to receive this in the area of the Lindsey County Council.

The Council granted permission to the Medical Officer of Health to act as an examiner for the Queen's Institute.

The effect of the Service being recognised as a key training home has greatly improved the staffing both in quality and numbers and has reduced staffing difficulties to a minimum. All lectures and demonstrations during the training were given locally and visits of observation were made to the Corporation Clinics and to the hospitals of the town.

The following table gives details of the staff employed in the Home Nursing Service at the “appointed day and at the end of the years which have elapsed:—

	5th July 1948	31st Dec., 1948	31st Dec., 1949	31st Dec., 1950	31st Dec., 1951	31st Dec., 1952
FULL-TIME STAFF						
Superintendent	1	1	1	1	1	1
Assistant Superintendent	1	—	1	1	1	—
Senior District Nurse	—	—	—	—	—	1
Queen’s Nursing Sisters						
—females	7	8	6	6	5	9
—male	—	1	3	2	2	2
Queen’s candidates—females	2	1	1	—	4	—
—male	1	1	—	—	—	—
State registered nurses						
—females	—	—	—	3	3	2
	—	—	—	—	—	—
Sub-totals	12	12	12	13	16	15
	—	—	—	—	—	—
PART-TIME STAFF						
Queen’s Nursing Sisters						
—females	—	1	—	4	3	6
State registered nurses						
—females	2	2	6	6	6	6
State enrolled assistant nurses						
—females	2	3	5	4	2	1
	—	—	—	—	—	—
Sub-totals	4	6	11	14	11	13
Total Staff	16	18	23	27	27	28
Equivalent to full-time staff ...	14.2	15.5	18.0	20.6	22.3	23.3

Two members of the staff attended a study day arranged by the Royal College of Nursing in London on 27th September; another Queen’s Nurse attended for 14 days at the Children’s Hospital, Sheffield, to gain experience in nursing sick children so as to enable her to assist in the work of the children’s unit. The nurse normally employed in the unit also undertook a week’s training in the premature baby section of the Maternity Ward at the Moorgate General Hospital, Rotherham.

The growth of the Service continues, there have been more cases nursed during the past year than in any previous year. At the commencement of the year 225 cases were brought forward from previous years and there were 2,846 new cases reported, making a total of 3,071 cases. Of these new cases 2,195 were medical, 537 were surgical, 100 were gynaecological; 6 were obstetric and 8 were maternity cases. These were referred by:—

Doctors	2,529	Health Dept. Services ...	36
Hospitals	109	Individual applications ...	172

At the end of the year 272 cases remained on the books and in 2,799 cases nursing had ceased for the following reasons:—

	No.	Per cent.		No.	Per cent.
Convalescent	2,250	80.4	Transferred to other dis-		
Died	209	7.5	tricts	29	1.0
Removed to Hospital ...	266	9.5	Removed for other causes	45	1.6
				<hr/>	<hr/>
				2,799	100.0
				<hr/>	<hr/>

The area distribution of the total cases nursed and visits paid was as follows:—

Area	Cases	Visits
Blackburn and Holmes	199	3,400
Kimberworth	182	3,906
Masborough	152	3,325
Broom	266	4,494
Clifton	219	3,911
East Dene	149	3,267
Wellgate	168	4,716
Canklow	191	3,687
Town Centre	487	8,927
Greasbrough	81	2,828
Thorpe Hesley	139	1,961
East Herringthorpe	229	3,424
Thornhill	128	3,479
Cases attended by male nurses ...	481	9,832
Supervisory visits	—	693
	<hr/>	<hr/>
Total	3,071	61,850
	<hr/>	<hr/>

The following summary shows the increase which has occurred since the service was taken over in July 1948:—

	Total cases nursed	Visits	Average daily visits paid
1948 (July-December) ...	963	23,442	130.2
1949	2,177	55,442	151.9
1950	2,613	62,241	170.5
1951	2,720	60,838	166.7
1952	3,071	61,850	169.0

CHILDREN'S NURSING UNIT.

In view of the interest shown in this unit, the following review gives details of its work since its inception in 1949:—

Following a high rate of infant deaths in Rotherham during the winter of 1948 and early 1949, many of which were considered to be due to cross infection in hospital, the Health Committee in March 1949 approved a scheme for the establishment of a

Children's Nursing Unit, as part of the Home Nursing Service. It would be at the disposal of the family doctor to be used as a first line of defence so that a child could be nursed at home in its own environment, except when the conditions were such as to make this impossible, or when special treatment necessitated removal to hospital.

It was also appreciated that the value of the education of the mother in practical preventive methods and treatment during illness with the necessary equipment, even in what might appear at first sight hopeless domestic conditions, would ultimately be of benefit to the community and that such action would help to reduce the pressure on hospital accommodation.

Authority was given to obtain special nursing equipment including infants' clothing, treasure cots, the necessary gowns, masks, storage cupboard and nursing bags. Some of this equipment was given to the service, the treasure cots being presented by the Rotherham District Nursing Benevolent Association; and the children's nightgowns, coats, vests, etc., were either knitted locally or received in gift parcels from New Zealand, and the remainder was purchased.

One of the Queen's Nursing Sisters on the Home Nursing Staff undertook a post graduate course covering children's diseases and she was made responsible (under the direction of the Home Nursing Superintendent) for this special service. Later on in the year, a second nurse received similar training. During 1952, both nurses have undertaken further hospital duty as refresher courses.

The doctors practising in the town were notified of the facilities available and the unit began to function in June, 1949.

Cases are notified direct to the Superintendent usually by telephone by the general practitioners and the special home nurse visits the home to assess whether the case is suitable and what equipment is needed.

The equipment is kept in the Nurses' Home and special containers are packed and sterilized ready for use in infectious cases.

During the winter months it has been found that cases are so numerous that the two special nurses are unable to deal with them all, and each home nurse attends the overflow cases on her district, giving a specially detailed report on all cases after each visit. Additional assistance is also given to the Unit by the Queen's candidates as part of their training. The frequency of visiting depends on the child's condition and it is often found necessary to pay three or four visits daily.

The home nurse is in frequent consultation with the general practitioner who is informed immediately if the child does not appear to be responding to treatment.

The parents of the child are encouraged to contact the Nurses' Home if they are unduly worried about the child's condition, and a nurse (usually the Superintendent) visits immediately.

Night calls have been very few and it is felt that the assurance of a visit from the nurse at any time removes a good deal of the parents' anxiety.

Details of the equipment now used by the unit are as follows: —

4 Treasure Cots	6 wash basins
1 dozen sheets	6 enamel trays 6in. x 4in.
2 pillows	6 Staybright measures—1 pint
3 enamel pails	6 Receivers and 6 gallipots
Thermometers, rubber gloves, masks, gowns	
Nightgowns and Vests. 1 dozen of each (to be loaned out).	
1 dozen towels (to be loaned out).	
Nightgowns and Vests to be given away. (These are gifts from the Women's Voluntary Organisations in Australia and New Zealand). All new garments made specially for us.	

The special tins for use in infectious cases, such as measles, scarlet fever, ophthalmia neonatorum and pemphigus, contain all the necessary equipment for nursing the child, so that the nurse's bag need not be taken into the sick room. The tins contain: —

Gown	Boracic crystals
Mask	Surgical spirit
Gloves	Powder
Envelopes	Dettol
Message papers and chart	Undine
Syringe and needles	Pipette
Thermometer and lotion	

Relatives usually send to the Nurses' Home for the cot (which folds up and is easily carried), sheets and pail. In infectious cases, the special tin is either taken by the nurse or called for by a relative of the patient.

When the child is convalescent the nurse ceases to attend and all the articles loaned are returned to the Nurses' Home, with the exception of clothing for small infants which the parents are allowed to keep, much of it having been received as gifts from New Zealand and from interested local people.

All returned articles and equipment which have been into the child's home, whether used or not, are soaked in 5 per cent. solution of Dettol for 24 hours and then removed and boiled. The cot canvas, sheets and towels after being hung outside to dry are sent to the laundry in the usual way.

This children's nursing unit, which has now been in operation for over three and a half years, has proved to be very popular with the general practitioners in the area and is widely used by them.

Since the scheme commenced in 1949 the following summary gives details of the cases under the age of 15 years who have been treated and visits paid by this unit up to 31st December 1952: —

	1949	1950	1951	1952
Cases nursed	... 455	621	508	713
Visits paid	... 4,151	5,870	4,150	5,837

Details of the work of the Children's Unit during 1952, when 713 cases were nursed are as follows: —

			Under 1 yr.	1-5 years	5-15 years	Total
Brought forward, 1/1/52	...	...	1	8	1	10
New cases, 1952	...	...	225	284	194	703
			—	—	—	—
Total	...	...	226	292	195	713
			—	—	—	—
Result of treatment						
Convalescent	...	...	192	276	184	652
Removed to hospital	...	...	19	4	6	29
Died	...	...	—	—	—	—
Removed or transferred	...	...	1	5	3	9
Remaining on books, 31/12/52			14	7	2	23
			—	—	—	—
			226	292	195	713
			—	—	—	—
Visits paid	...	...	2,038	2,268	1,531	5,837

The following table gives details of the “infectious” cases nursed during 1952 and their disposal: —

	Cases	Visits	Con- valescent	Hospital	Died	Removed	remaining on books 31. 12. 1952
Pneumonia	67	537	59	3	—	—	5
Bronchitis	119	990	109	3	—	1	6
Gastro enteritis	6	62	6	—	—	—	—
Measles	23	197	22	—	—	—	1
Measles and pneumonia	9	76	9	—	—	—	—
Measles and Bronchitis	1	1	—	—	—	—	1
Scarlet fever	1	1	1	—	—	—	—
Chicken pox	1	7	1	—	—	—	—
Pemphigus	3	11	2	—	—	—	1
Ophthalmia neonatorum	1	12	1	—	—	—	—
Whooping Cough	5	56	5	—	—	—	—
Whooping Cough and pneumonia	1	3	—	1	—	—	—
Poliomyelitis	1	3	—	1	—	—	—
Totals	238	1,956	215	8	—	1	14

A comparison of the infant deaths occurring in 1948 with those of 1952 is given below: —

	1948	1952
Total infant deaths	114	43
Infant mortality rate	70	32
Deaths from prematurity	27	12
Deaths from enteritis	31	—

When considering these figures it must be pointed out that the establishment of a premature baby unit some two years ago has effected some reduction in the number of deaths from prematurity, but there has also been a most striking reduction in the number of infant deaths since the establishment of the children's nursing unit. It is worthy of note that the overall incidence of enteritis in Rotherham also fell during the same period, possibly due to the nursing of cases at home instead of in hospital.

Apart from figures, the experience gained has shown that it has been well worth while to undertake this special children's work, some of its advantages being summarised as follows: —

- (1) The child remaining at home in familiar surroundings is less liable to fret.
- (2) The danger of cross infection is lessened.
- (3) The mother is encouraged to help in the nursing of the child and the health teaching to parents and relatives done in these cases is considerable.
- (4) The call on hospital beds for sick children has been reduced.

Reviewing the cases of pensionable age nursed during the year—119 were on the books on 1st January and 618 new cases were reported making a total of 737 cases nursed. 26,241 visits were made to these cases, an average of 71.7 per day. The results of treatment show that 347 cases were removed from the register as convalescent, 104 cases were removed to hospital, 117 died, 31 cases were transferred to other districts or removed for other causes, leaving 138 cases.

During the year 477 visits were made to 37 cases of maternal complications. These included 19 of mastitis, 11 of abortion and 7 of pyrexia. In 30 of these cases nursing ceased on convalescence, 6 were removed to hospital and 1 case removed from the district. No cases in this group were receiving treatment on 31st December 1952.

In conclusion, thanks are expressed to the donors of many gifts during the year. The Rotherham District Nursing Association Commemoration Fund for cheques to the value of £50 for nourishing food and clothing for needy sick patients (both young and old). The Rotary Club, Distaff Club, Inner Wheel, Church of our Father, Moorgate, for gifts of money to be used for needy patients, also the Women's Hospital League in New Zealand and Australia for four large bags of clothing received for children and adults on the district. A special thanks to the small children of Wellgate Infants and Broom Valley Schools who brought baskets of fruit and flowers to be taken to the patients, also the Boys Club in Nottingham Street for gifts of fruit and flowers; all very much appreciated by our patients especially the aged people. Gifts of food, clothing and tobacco were taken out to most of the patients for Christmas.

VACCINATION AND IMMUNISATION

VACCINATION.

During the year records were received of 443 persons who were vaccinated or re-vaccinated. Details of these are given in the following table:—

			Under 1 year	1 to 4 years	5 to 14 years	15 years or over	Total
Vaccinations	...	...	296	29	19	39	383
Re-vaccinations	...	...	—	1	6	53	60

Of these the records of 218 persons were received from 30 private medical practitioners and the remainder from the Corporation's medical officers at the various clinics in the borough.

IMMUNISATION—DIPHTHERIA.

No change was made during 1952 in the arrangements for immunisation. Fixed clinic sessions were held at Ferham House and Cranworth Road Centres, and facilities were also available at any child welfare or school clinic session.

936 children under 5 years of age and 193 between 5 and 15 years, a total of 1,129 children, were immunised; and 905 children received reinforcing doses. 214 records of immunisation and 60 of re-inforcing doses were received from 38 private medical practitioners, the remainder being carried out by the Corporation's medical staff at clinics and schools.

At the end of the year the position in Rotherham regarding immunisation in relation to the child population was as follows:—

Age groups			Estimated mid- year population	Immunised at year end	Percentage immunised
Under 5 years	...	...	7,200	3,178	44.1
5-14 years (inclusive)	...	...	13,000	10,205	78.5
Total	...	...	20,200	13,383	66.2

These figures represent a slight percentage increase when compared with those of the previous year, and percentages then being 44.0, 78.3 and 65.9 respectively.

In the 5-14 years age group, 3,540 children had received stimulating doses by the year end. This represents 34.7 per cent. of the immunised children in that group.

The numbers of children immunised at the end of the year, divided into age groups according to the year of birth, were:—

1938—	956	1943—	1,027	1948—	958
1939—	983	1944—	1,323	1949—	738
1940—	928	1945—	998	1950—	719
1941—	921	1946—	1,043	1951—	652
1942—	931	1947—	1,095	1952—	111
<hr/>					
Totals—10-14 yrs.	4,719	5-9 yrs.	5,486	Under 5 yrs.	3,178
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During 1952, 3 cases of diphtheria occurred in the borough, and of these, one died from diphtheria and a second child—also from the same household—died from whooping cough with diphtheria as a secondary cause. Neither of these children were immunised, whilst the third child aged 9, who recovered, was immunised in 1946 but had not received a re-inforcing dose.

WHOOPING COUGH.

During the year 125 children received injections of diphtheria-pertussis vaccine and 338 received injections of whooping cough vaccine, making a total of 463 children immunised.

At the end of the year there were 3624 children under the age of 15 years who had been immunised against whooping cough. The following table gives details of the age groups of these children:—

1938—	11	1943—	52	1948—	837
1939—	9	1944—	80	1949—	572
1940—	16	1945—	117	1950—	451
1941—	14	1946—	280	1951—	328
1942—	29	1947—	748	1952—	80
<hr/>					
Totals—10-14 yrs.	79	5-9 yrs.	1,277	Under 5 yrs.	2,268
<hr/>					

During the year 1952, 141 notifications of this disease were received and, of these, 11 children under the age of 7 years had previously received protective courses of injections. The time elapsing between the final injection and the diagnosis that the child was suffering from whooping cough varied from nineteen months to three years, with an average period of $2\frac{1}{2}$ years. It is yet too early to pass any comment on these figures. One death occurred from this disease during the year, and was associated with diphtheria as a secondary cause.

B.C.G. VACCINATION.

40 contacts of tuberculosis cases were vaccinated during the year 1952.

AMBULANCE SERVICE

The Ambulance Service continued to function as a joint service with the Fire Brigade as in previous years and was operated from the Fire Station, Erskine Road, Rotherham, under the direction of the Chief Fire Officer who is also the Director of the Ambulance Service.

The arrangements with the neighbouring authorities of the City of Sheffield and the West Riding County Council for the interavailability of the ambulance services were continued throughout the year and the Council also agreed to operate the 'knock for knock' arrangements with other authorities who operate the scheme.

A further transit ambulance was purchased during the year and an ambulance and a sitting case car were sold. At 31st December 1952, 5 ambulances, 2 transit ambulances for sitting cases, and 2 sitting case cars were in service and the whole time personnel of drivers and attendants was 8. This staff was assisted as necessary up to a total of 16 firemen trained in ambulance duties. One civilian mechanic is employed on vehicle maintenance work.

In November, the Health Committee considered a report by the Director of the Ambulance Service on the need for provision of radiophones in ambulances so as to be able to maintain wireless contact with the vehicles whilst in service. Such a scheme would make for efficiency and economy in mileage and would allow of the ambulances and cars being instructed to deal with nearby calls in the vicinity of their last order, without returning to the Ambulance Station. An offer was also accepted for the installation of the necessary equipment, free of charge, in the ambulance service's vehicles for a trial period of three months and authority was given for an appropriate sum to be provided in the Rate Estimates for 1953/54 to cover the cost of the installation of this system if found to be satisfactory.

The statistics for the year 1952 were as follows:—

Cases removed—		Ambulances		Cars	Totals
within the Borough	5,862	21,732	27,594
other authorities	739	448	1,187
Total		...	6,601	22,180	28,781
Mileage—					
within the Borough	52,403	55,164	107,567
other authorities	6,189	3,928	10,117
Total		...	58,592	59,092	117,684
Number of accident and other emergency journeys included					
in the above		...	1,265	284	1,549

Details of the vehicles in use at 31st December, 1952, were:—

1—1950	27 h.p.	Bedford Ambulance	FET 880
2—1950	24 h.p.	Morris Ambulance,	FET 898
3—1950	27 h.p.	Bedford Transit,	GET 111
4—1951	27 h.p.	Bedford Ambulance,	GET 450
5—1951	27 h.p.	Bedford Ambulance,	GET 900
6—1951	27 h.p.	Bedford Ambulance,	GET 950
7—1952	27 h.p.	Bedford Transit,	HET 660
8—1948	16 h.p.	Austin Car,	EET 464
9—1948	16 h.p.	Austin Car,	EET 527

PREVENTION OF ILLNESS, CARE AND AFTER CARE.

HOSPITAL LIAISON.

Visits have been paid weekly to the Paediatric Clinics held at the Moorgate General Hospital and at the Rotherham Hospital. During 1952, a West Riding Health Visitor has dealt with the children attending these clinics from her area, so that it has only been necessary for the Borough Health Visitor to report on Borough cases.

Visits by health visitors and attendances by children at these clinics were as follows:—

				Moorgate General Hospital	Rotherham General Hospital
Clinics visited	...	...	...	30	39
Children attending					
Under 5 years	...	...	...	201	178
Over 5 years	...	...	...	107	123
				—	—
Total	...	...	...	308	301
				—	—

Reports furnished by the Health Department to these clinics covered:—home environment, school progress from teachers, and references to special clinics, e.g. child guidance, ophthalmic, and ear, nose and throat.

These arrangements continue to be of value to the Infant Welfare and School Health Services.

MATERNITY DEPARTMENT, MOORGATE GENERAL HOSPITAL.

Weekly contacts of this department by the Health Visitor is working well in the interest of the mother and her family.

Number of visits paid	...	...	...	...	49
Number of mothers interviewed	...	...	...	...	500

The following special references were made for after care:—

To the Children's Officer	...	...	...	...	2
To the Home Help Organiser	...	...	...	...	2
To the Welfare Department	...	...	...	...	1
For B.C.G. Vaccination	...	...	...	...	1

The Premature Baby Nurse is in daily communication with the Maternity Ward at Moorgate General Hospital and the Children's Ward, regarding pending discharges of infants needing her special care.

THE CHRONIC SICK WARDS: MOORGATE HOSPITAL AND BADSLEY MOOR LANE HOSPITAL.

These have been visited weekly by Miss Bates, Health Visitor, who is contributing valuable service for the better after care of old people on discharge, by reporting on home conditions and progress of patients.

GENERAL CARE AND AFTER CARE.

Routine visits of hospital cases outside the groups—aged, maternity, or children, are not being made but are only undertaken when specially required.

HOME ACCIDENTS.

During 1952, with the co-operation of the Hospital Management Committee, it has been possible to compile statistics of numbers and causes of accidents in the home, and special follow up of cases of burns and scalds is being carried out by Health Visitors with a view to prevention.

THE CHEST CLINIC.

Weekly attendance at this clinic was taken over by Miss Taylor, Deputy Superintendent Health Visitor, from the District Health Visitor in April 1952. She undertakes the transfer of information from the Health Department and vice-versa, and deals with such matters as: —

1. Request for examination of contacts.
2. Collection of information regarding defaulters.
3. The results of mantoux tests in child contacts and the need for B.C.G. vaccination. (This information is placed at the disposal of the medical officers of infant welfare and school health services.)
4. The Chest Physician is informed of pregnancy occurring in any notified cases of tuberculosis or contact, so that consideration can be given to B.C.G. vaccination for the newly born.
5. Sundry details regarding the care of tuberculous patients and their families.

TUBERCULOSIS CARE COMMITTEE.

During the past year the work of the Tuberculosis Care Committee has continued in close association with the work of the Health Committee as the approved organisation under the Council's scheme for the care and after-care of the tuberculous.

At the commencement of his mayoral year, His Worship The Mayor (Councillor M. W. Young), accepted the office of President, and the only other change in the representatives serving on the Committee was the appointment of Mrs. I. L. Habershon, J.P., as the representative of the Education Committee in the place of Mrs. F. L. Knight, M.B.E., J.P., who resigned her membership of the Education Committee. The Committee placed on record an appreciation of Mrs. Knight's services since her appointment in November 1941. Miss V. McCarthy and Miss E. Patterson, on their appointment as Superintendent Home Nurse and Superintendent Health Visitor respectively, attended the meetings of the Committee as Hon. Visitors.

The Care Committee continued its affiliation to the National Association for the Prevention of Tuberculosis and, in accordance with previous practice, this report is in respect of the year ended 31st March 1953. The Committee again participated in the Christmas Seal Sale organised by the National Association. This annual event, in which the Rotherham Care Committee is one of the original co-operating bodies (1934), again provided the main source of income and was the only appeal made by this Committee to the general public. When the balance sheet of the 1951 Seal Sale was considered by the Committee, it was decided to increase the seals purchased by 50,000, making a total order of 150,000 for the 1952 Seal Sale, and to endeavour to widen the sales. It is pleasing to record that the receipts from sales and donations increased from £220 16s. 0d. in 1951 to £319 9s. 8d. in 1952, and the expenditure in respect of seals, postages, printing and stationery, etc., only increased from £12 17s. 0d. to £20 8s. 0d. In accordance with the Seal Sale arrangements, a donation equal to approximately five per cent. of the balance was remitted to the National Association and this resulted in this item being increased from £10 0s. 0d. to £15 0s. 0d. for the current year. The net balance in hand paid into the local fund from this appeal in 1952 was therefore £284 1s. 8d. as compared with £193 19s. 0d. in the previous year, and the generosity of the subscribers and the enthusiasm of all connected with the Seal Sale are worthy of mention and thanks. In July, Dr. Morrison and Mr. Westby attended as representatives of the Care Committee the Third Commonwealth and Empire Health and Tuberculosis Conference organised by the National Association for the Prevention of Tuberculosis, which was held in London.

Whilst some of the new income in the Seal Sale was received from Rotherham residents, a larger part, £76 15s. 8d. was received from subscribers in the surrounding West Riding Area. This extension of the appeal into that area followed correspondence with the local Divisional Medical Officer of the West Riding County Council on a suggestion put to him by the Deputy County Medical Officer that the area of the Tuber-

culosis Care Committee should be extended from that of the County Borough of Rotherham to that of the area served by the Rotherham Chest Clinic. This latter area includes the whole of the County Borough and the West Riding Division No. 31 and part of West Riding Division No. 26. On the estimates of population in use in 1952 the following areas would be served: —

Rotherham C.B.	...	...	82,334
W.R. Division 31			
Rotherham R.D.C.	...	48,033	
Kiveton Park R.D.C.	...	17,661	
Maltby U.D.C.	...	12,485	78,179
W.R. Division 26 (part of)			
Rawmarsh U.D.C.	...	18,793	18,793
Total population			<hr/> 179,306 <hr/>

It was also stated on behalf of the County Council that they were prepared to make an annual contribution to the voluntary funds of the Care Committee, and that they did not desire a too rigid a constitution. As their representatives on the Committee they suggested a County Councillor and the Divisional Medical Officers of the two areas.

After due consideration, the Care Committee approved the suggested extension of the area and remitted the scheme to the Health Committee of the Council for approval and, if necessary, for the amendment of the Council's approved scheme under Section 28 of the National Health Service Act, 1946.

This resolution was approved by the Council and was submitted to the Ministry of Health in due course. At the March 1953 meeting of the Care Committee, it was reported that the Minister of Health had indicated that no amendment of the Council's Scheme would be necessary and that the confirmation of the proposed arrangements would therefore be dealt with by correspondence between the two authorities. The matter had then been submitted to the County Council and, at the time of writing this report, their reply was awaited.

When this scheme is approved and comes into operation it will secure for all patients in the area of the Rotherham Chest Clinic uniformity of access to all care facilities available.

Already this extension of the area has been put into effect in so far as it concerns the operation of the Committee's Car Park Scheme. The list of suitable patients for employment under the scheme now includes West Riding patients and at the year end two such patients were employed. At the commencement of the year, this scheme provided employment for five ex-sanatorium patients at the Committee's two car parks. During the year, in order to reduce the loss on the scheme due to increased wages, it was decided to incur the loss until such time as one of the men was fit to be referred to the Ministry of Labour and National Service for other employment, and then to reduce the staff to four attendants. The expenditure on wages and N.I.C. was

£1,311 19s. 1d. against an income of £1,191 5s. 0d. from car park receipts. This loss of £120 14s. 1d. together with rent and rates £50 12s. 6d., and electricity £24 1s. 2d. brought the total deficiency on the year's working of the scheme to £195 7s. 9d. Due to the economies effected during the year, the losses sustained in the early part of the year were greatly reduced and the scheme was almost self supporting at the year end. During the year, nine men were employed at various times by the scheme, either as attendants or as temporary reliefs during periods of sickness. It should also be remembered when assessing the value of the scheme in comparison with the losses sustained, that the sickness rate of the attendants is higher than that of a normal employee. Consequently, in addition to the make-up of pay to the sick attendant, there is the additional charge to the scheme of the wages of the temporary relief.

All the men employed are under the care of the Chest Physician at the Chest Clinic and full co-operation is maintained with the local Rehabilitation Officer of the Ministry of Labour and National Service.

Grants of clothing, bedding and extra nourishment amounted to £97 17s. 6d. during the year. The Committee also continued their grant of £3 0s. 0d. per month to the Medical Superintendent of the Oakwood Hall Hospital for the provision of prizes, etc., at the patients' whist drives and concerts held at the hospital. A grant of £20 0s. 0d. was also given towards the provision of extras to the patients at Christmas. Those patients granted Christmas leave from the hospital were included in the Committee's scheme of grants, whereby those receiving treatment or in receipt of assistance from the Committee were made cash grants up to a maximum of £2 0s. 0d. each during the festive season. In all, 75 patients received such grants at a cost of £106 10s. 0d.

The Care Committee, in July, undertook responsibility for the maintenance charges in respect of a youth who was admitted for training to the Enham-Alamein Village Settlement. In the arrangements for this patient's admission a close liaison was maintained with the Local Rehabilitation Officer of the Ministry of Labour and National Service in order that the appropriate training allowances would be payable by that Ministry. This patient was still at the Settlement at 31st March 1953. The full charge for this patient's maintenance was refunded by the Health Committee in addition to their grant of £40 a year for the provision of printing, stationery, postages and other secretarial expenses.

During the year, 18 tuberculous patients were rehoused on the several estates by the Corporation's Housing Department. Five of these were granted tenancies under the points system by reason of the special weighting. These cases would not have been due for houses at the time their tenancies were allotted had it not been for the extra point granted for tuberculosis in the household of the applicant. The other thirteen patients were re-housed under the special arrangement of the Council whereby the recommendation of the Chest Physician is accepted in respect of families in which there was an active case of tuberculosis in the household. In these cases the points scheme of letting is not operated.

HEALTH SERVICES BUREAU.

Since the opening of the Health Services Bureau in August 1948, the number of people making use of the facilities offered up to December 31st 1952, was 19,389.

Although statistics may be valuable they do not show the amount of attention given nor the time spent in dealing with an individual case.

It is always the aim of the Bureau to give the maximum service and there has been no falling off of activity during the year. Co-operation with other services has also been well maintained.

GENERAL INFORMATION AND ADVICE.

This side of the work continues to bring in a regular flow of enquiries and fulfils a useful purpose. Maybe many things are taken for granted in this age of welfare services, but it is only fair to mention that people do return to express their thanks.

In addition to enquiries for health services the Bureau is very often used as a Citizen's Advice Bureau, and consequently enquiries covering a wide field are dealt with.

HEALTH EDUCATION AND PUBLICITY.

This is a further function of the Bureau and has progressed into a very busy and important part of the work. By means of the large shop window space, displays on all kinds of health topics are staged and it is found that this is a very popular way of putting Health Education over to the public.

Displays on "Coughs and Sneezes," "Vaccination and Immunisation," "Poliomyelitis," "Clean Food," "Child Welfare," "Accidents in the Home," "T.B.," "Radio-graphy," and many other topics have been arranged. The displays are made topical and local material is used whenever possible. In all cases the idea of positive health and its maintenance is stressed.

"Accidents in the Home" publicity is a regular feature and in conjunction with the Child Welfare Section and the local Home Accident Prevention Committee every opportunity is taken to publicise details of local home accidents and the need for prevention.

From information collected by the health visitors and supplied by the local hospitals, numbers of accidents are entered monthly on a chart on which a graph showing the monthly fluctuation has a permanent position in the shop window.

Other regular campaigns are held such as vaccination, immunisation, V.D., care of the feet, etc., and local posters and a film slide on diphtheria immunisation are used. In addition to the above, display panels are used at the Child Welfare Clinics and an exhibition stand and display material on loan from the Central Council for Health

Education is circulated to clinics and other shop and cinema properties in Rotherham. Pamphlets and posters on all kinds of health subjects are also distributed and a rack, from which the public can take these leaflets free of charge, is at the Bureau. With the co-operation of places of employment posters are from time to time displayed on their notice boards.

Lectures are also given to various meetings.

VISUAL AID INSTRUCTION.

Last year it was reported that a 16 m.m. film projector had been purchased and the development of the use of this during 1952 has been very marked. Many shows have been given of health education films and it is a popular feature. Shows are given at the clinics, works canteens and any meetings of organisations to which invitations are received.

NURSING EQUIPMENT.

This is a very much used service. The equipment is mainly prescribed by medical practitioners and the home nurses and on signature loaned free of charge for the duration of the illness. Constant check is made on the use of appliances and experience has shown that with few exceptions they are well cared for. The free loan is especially appreciated by old age pensioners with restricted incomes.

In 1952 the following number of appliances were issued: —

Bed pans	...	...	...	301	Bed tables	...	...	...	12
Bed rests	...	...	...	264	Water beds	...	...	...	4
Rubber sheeting	...	...	...	226	Sputum flasks	...	...	...	4
Draw sheets, linen (pairs)	...	...	...	335	Feeders	...	...	...	2
Air rings	...	...	...	255	Dunlopillo mattresses	...	...	...	11
Bottles, urine	...	...	...	162	Steam kettle connections	...	...	...	3
Bed cages	...	...	...	35	Commodes	...	...	...	3
Wheel chairs	...	...	...	59	Arm sticks (pairs)	...	...	...	1
Crutches (pairs)	...	...	...	12	Walking sticks (heavy)	...	...	...	2
Dunlopillo rings	...	...	...	18	Inhaler	...	...	...	1
Bed blocks	...	...	...	2	Sand pillow	...	...	...	1
Douche cases	...	...	...	3					

VOLUNTARY ORGANISATIONS.

Through the Bureau much use is made of voluntary organisations, particularly so where the Local Authority and other statutory bodies cannot assist in such cases requiring the provision of bedding, clothing, nourishing foods, convalescence, travelling expenses or any other need arising through sickness. Cases are often referred to the Rotherham District Nursing Association Commemoration Fund (a continuation of the Queen's Nurses Association since July 1948) which now gives assistance to those in need through sickness, the W.V.S., the Stoddart Samaritan Fund (a fund intended to provide benefits for persons recovering from illness), S.S.A.F.A., the Marriage Guidance Council, Sheffield, and the Council of Social Service.

SUMMARY OF ENQUIRIES, 1952.

An analysis of these is given in the following tables:—

LOCAL AUTHORITY HEALTH SERVICES.

Home Helps	...	...	90
Convalescence	...	...	247
School and child welfare	...	...	32
Sanitary matters	...	...	34
Nursing appliances	...	...	1,994
Tuberculosis	...	...	11
Ambulance	...	...	24
Midwifery	...	...	53
Nursing	...	...	24
Immunisation	...	...	15
General health matters	...	...	32
Blind welfare	...	...	90
Social worker	...	...	12
Housing	...	...	32
Posters and pamphlets	...	...	147
Window displays	...	...	63
Film enquiries	...	...	15
			<hr/>
			2,915
			<hr/>

EXECUTIVE COUNCIL SERVICES.

Dental lists, benefits, etc.	...	...	12
Optical lists, benefits, etc.	...	...	22
Medical lists, benefits, etc.	...	...	8
Medical cards	...	...	7
Forms E.C.1 and completion	...	...	1
Change of doctor	...	...	10
Chemists open	...	...	4
E.C.10	...	...	1
			<hr/>
			65
			<hr/>

NATIONAL INSURANCE ACT.

Benefit enquiries:—

Sickness	...	...	...	20
Maternity	...	...	...	46
Death	...	...	...	8
Widows	...	...	...	4
Compensation	...	...	...	2
Retirement	...	...	...	10
Late age entrant	...	...	...	1
General	...	...	...	5

Special insured classes:—

Married women	...	...	...	2
Self employed	...	...	...	2
Non employed	...	...	...	1
Industrial injury	...	...	...	1
Sick notes	...	...	...	2

National Insurance numbers	...	...	...	1
Insurance cards	...	...	...	5
Stamp arrears	...	...	...	1
Unemployment benefit	...	...	...	1
Increase in contributions	...	...	...	2
Juvenile employment	...	...	...	2
Forms completed	...	...	...	4
Family allowances	...	...	...	14
				<hr/>
				134
				<hr/>

HOSPITAL AND SPECIALIST SERVICES.

Appliances:—

Surgical	...	...	...	30
Deaf aids	...	...	...	62
Specialists' fees, etc.	...	...	...	3
Travelling	...	...	...	11
Appointments	...	...	...	7
Chiropody	...	...	...	46
Chest radiography	...	...	...	139
Blood donors	...	...	...	11
Sundry enquiries	...	...	...	23

GENERAL.

Assistance Board	...	...	...	43
Location of offices	...	...	...	69
Advice re-employment	...	...	...	7
Forms completed	...	...	...	6
General assistance and sundries	...	...	...	358
General visit	...	...	...	27
Legal aid	...	...	...	15
Electoral roll	...	...	...	11

SUMMARY.

				Per
				Cent.
Local Authority Health				
Services	...	...	2,915	73.2
Hospitals	...	...	332	8.3
Executive Council	...	...	65	1.6
National Insurance	...	...	134	3.4
General	...	...	536	13.5
				<hr/>
Total	...	...	3,982	100.0
				<hr/>

Number of people making enquiries 3,969

DOMESTIC HELP.

The work of the Home Help Service has continued to increase during 1952 particularly in the homes of the aged.

The number of home helps employed has shown an increase of 5 as compared with 1951.

MATERNITY.

There has been a decrease in the service for maternity cases. One factor, I think, is that a mother can have her baby in hospital free of cost.

Help has again been given in ante-natal and post-natal periods, thus relieving the mother of the full responsibility of running the home during a very difficult period.

SICK CHILDREN.

It is interesting to note that there has been an increase of 300 hours service for sick children. The services of a home help for a short period have been particularly valuable.

TUBERCULOSIS.

The call upon the Service for tuberculous cases has increased by 792 hours. Assistance has been given to enable standards to be maintained within the household.

REHABILITATION.

A certain amount of success has been achieved, but the demand has been less than last year.

It would appear that the answer to the problem lies in earlier ascertainment and treatment.

AGED CHRONIC SICK.

The demands upon the Home Help Service for the home care of the elderly continue to grow, and it will be noticed from the figures given below that it is to this group that approximately two-thirds of the Service is devoted.

These cases constitute a real problem, as so many of them need help for very long periods. Nevertheless, it is a problem that must be faced; there is no point in giving help for a limited period only, when the need upon the withdrawal of a home help is as great, or sometimes greater, than at the commencement of service.

Great care is exercised by the Organiser, who explores all other avenues of assistance before giving the services of a home help or night help.

It is amongst this group that so much good work is being done, and it is abundantly clear that the practical assistance given by the home helps is of considerable importance in the care of the elderly sick in their own homes.

NIGHT SERVICE.

Great assistance has been given to elderly people and others to help in cases of acute need. It has enabled relatives to have a much needed night's rest, and many messages of appreciation have been received for the practical assistance given.

EVENING SERVICE.

This service is in its infancy, but already 550 hours help has been given to elderly people who live alone, to provide "between the hours of 4.30 p.m. to 10 p.m." a service to enable them to remain at home.

RECRUITMENT.

Recruitment is still good for part-time workers, and very good types of women are coming forward. Good pay and conditions of service have helped to make this work more attractive. It is gratifying to note that a desire to help others prompts many of these women to offer their services as home helps.

TRAINING.

There is much discussion at the moment concerning training courses for home helps. Elaborate courses are unnecessary, both on economic grounds, and due also to the fact that the majority of home helps are part-time. What is necessary and most important is careful selection of home helps when appointed, and some short courses of instruction on practical housewifery, which will be given when practicable.

HOME SAFETY.

Home Safety is another field in which the home help plays a part. Good use has been made of the fire guards provided for use in homes where home helps are on duty.

VOLUNTARY ORGANISATIONS.

All calls made upon the Home Help Service by people connected with Voluntary Organisations in the Borough have been investigated and help given if the need has been within the scope of the Service.

ANALYSIS OF HOMES SERVED.

Type of case	Brought forward		New cases		Total
		from 1951	Night	Day	
Maternity	5	—	—	152	157
Sick children	1	—	—	3	4
Tuberculosis	1	—	—	2	3
Other sickness	33	1	—	75	109
Old age	100	28	—	134	262
Domestic crises	—	—	—	2	2
Rehabilitation	—	—	—	3	3
Total	140	29	—	371	540

ANALYSIS OF HOURS OF SERVICE.

Type of case	Hours	Hours	Hours
	Day	Night	Total
Maternity	14,706½	—	14,706½
Sick children	384½	—	384½
Tuberculosis	1,237½	—	1,237½
Other sickness	22,608¾	240	22,848¾
Old age	62,256	2,454	64,710
Domestic crises	471½	—	471½
Rehabilitation	—	—	—
Total	101,664½	2,694	104,358½

ANALYSIS OF RECRUITMENT.

Brought forward from 1951	...	...	...	87
Home helps employed each week	...	...	...	92
An increase of	...	...	...	5
VISITS PAID DURING THE YEAR	...	...	...	40,000

HOME HELPS' WELFARE—SOCIAL CLUB ACTIVITIES.

The Committee have again been very busy during the year and amongst the social events which have taken place were the following:—

Pantomime	Week-end in London
Trip to Scarborough	Television show
Bring and Buy Sale	Annual dinner

It is the intention of the Home Help Social Club to present each home help with a Coronation souvenir and also to provide a tea for elderly people who live alone.

CIVIL DEFENCE.

Arrangements have been made between the Civil Defence Officer and the Home Help Organiser for a series of lectures to be given at suitable periods by the Civil Defence Officer to all home helps.

MENTAL HEALTH.

Although at times severely handicapped by staffing difficulties and sickness the service continued to function satisfactorily carrying out its statutory duties under the National Health Service Act, the Lunacy Act, the Mental Treatment Act and the Mental Deficiency Act.

Probably the most noticeable development has been the willingness of the public to seek and accept early treatment for mental disorder. The emphasis continues to be on the prevention of mental illness rather than admission into hospital and in this direction Psychiatric Out-Patient Clinics have and are playing a very important part.

It is true also to say that Out-Patient Clinics are more important than ever in these times of acute hospital accommodation shortages. The most regrettable feature of the Mental Health Service continues to be the extreme difficulty in securing hospital accommodation for the mentally sick and particularly the mental defectives.

MENTAL DEFICIENCY ACTS.

1. DEFECTIVES UNDER INSTITUTIONAL CARE.

The following table shows the placing of Rotherham defectives under Order in institutions or on licence from such institutions at the end of 1952.

				Resident		On licence leave	
				Male	Female	Male	Female
St. Catherine's Institution, Doncaster	...			28	33	3	1
Stoke Park Colony, Bristol	...	...	...	2	1	-	-
Whittington Hall, near Chesterfield	...	...		-	6	-	-
Grenoside Hospital, near Sheffield	...	...		10	-	-	-
Aughton Court, near Sheffield	...	...		-	3	-	-
Victoria Hospital, Mansfield	...	...	...	1	-	-	-
Fir Vale, Sheffield	...	...	...	-	1	-	-
Thundercliffe Grange, Rotherham	...	...		1	1	-	-
Rampton Hospital, near Retford	...	...		4	-	-	-
The Manor, Epsom	...	...	..	1	1	-	-
				—	—	—	—
				47	46	3	1
				—	—	—	—

The total number of cases under order is 97, this figure is the same as last year.

New admissions to institutions during 1952 totalled 3, two males and one female. One of the male cases was admitted under an order made by the Court under the provisions of Section 8, Mental Deficiency Acts, 1913-27. Of the two remaining cases the male was admitted under the provisions of Section 3, Mental Deficiency Acts 1913-27 at the instance of the parent and the female was admitted under the provisions of Section 5 on a petition presented by an officer of the Local Health Authority.

DISCHARGE FROM INSTITUTION.

During 1952 three cases, all females, were discharged of which two were discharged following successful licence leave and the remaining case died.

Three transfers between hospitals were effected during the year, two from St. Catherine's Institution to Grenoside and Aughton Court and one from Moss Side to St. Catherine's Institution. There were no trial periods of licence leave granted during the year. Extension of licence leave to the four cases on licence has been granted and they continue to progress satisfactorily in their effort to re-adjust themselves to normal life in the community.

II. GUARDIANSHIP.

Four adult females remain with private guardians under the general supervision (on behalf of the Local Health Authority) of the Brighton Guardianship Society.

During the year a Varying Order was obtained in respect of one of these cases.

III. ASCERTAINMENT OF DEFECTIVES.

The following new cases have been ascertained during 1952:—

	Male	Female
(1) Cases reported by local education authorities under the Education Act 1944		
(a) Under Section 57 (3) of the Act	4	3
(b) Under Section 57 (5) of the Act	1	1
(2) Other cases reported and ascertained to be "subject to be dealt with"	2	—
(3) Ascertained cases who are not at present "subject to be dealt with"	—	—
	<hr/> 7	<hr/> 4
	—	—

Notifications by education authorities still provide the main source by which defectives are ascertained. These children regarded as ineducable become the immediate responsibility of the local health authority having been automatically excluded from the educational system. In cases notified under Section 57(5) of the Education Act 1944 the degree of handicap is not so severe, and the child is given the advantage of the most suitable form of teaching. On leaving school the child becomes the responsibility of the local health authority by virtue of the fact that it is considered that by reason of a disability of mind he or she may require supervision after leaving school.

Of the 11 cases notified 9 were brought to the notice of this department by the Education Authorities, one through the Police Court and one by the Medical Superintendent of Moorgate General Hospital.

SUPERVISION OF DEFECTIVES.

The following statistics relate to the number of defectives in the various classes under supervision at the end of 1952.

	Male	Female
1. Mental defectives on licence leave from institutions ...	3	1
2. Mental defectives under guardianship ...	—	4
3. Mental defectives "subject to be dealt with"		
(a) under statutory supervision ...	52	55
(b) others ...	12	26
4. Mental defectives not at present "subject to be dealt with" (voluntary supervision) ...	39	37
	—	—
	106	123
	—	—

Included in item 3 (b) are 5 male and 7 female defectives resident in The Mount and with the exception of these and the four defectives under guardianship in the South of England, care and supervision was carried out by officers of the local health authority.

During the year 603 visits were made to homes of defectives under some form of supervision, plus visits in connection with summer and Christmas holidays. Interviews at the office totalled 131. These figures serve only as a general indication of domiciliary supervision, as the extent of supervision varies (as between individual defectives) between very wide limits.

There was a change in personnel engaged in this work during the year. In August Mr. A. E. Lloyd, Assistant Mental Health Officer left the service and he was succeeded by Mr. W. P. Thomas. In September, Mr. W. Bartholomew, Mental Health Officer resigned, which meant that Mr. Thomas with only a matter of a few weeks service was temporarily left to carry out the various statutory duties which he did in a most satisfactory manner.

Unfortunately he fell victim to illness and during his absence the Duly Authorised Officers of Sheffield filled the breach. In October 1952, Mr. W. R. Sidaway of Middlesbrough was appointed Mental Health Officer and commenced his duties on the 1st December.

OCCUPATION CENTRE.

The Occupation Centre continues to function most satisfactorily. The attendances at the Centre during 1952 totalled 10,556 half days out of a possible 12,466. This represents a percentage of 84.67. When it is borne in mind that amongst defectives a higher proportion of physical defects exist in comparison with normal children, plus the fact that there are no powers to compel attendance these attendance figures are very good.

At the commencement of 1952 there were 37 children on the register and in October a female aged 18 years was withdrawn at the request of her parents leaving 36. Miss Kelford, Supervisor of the Centre, is anxious to increase this number to 38 and approval of the committee will be sought to have this brought into effect at their meeting on the 8th January 1953. There still exists a demand for vacancies at the Centre particularly in the younger age group and rarely does a week go by without some parent making or renewing their application for such a vacancy. It is very necessary that priority should be given to the younger age group but this does not obviate the obligation placed upon the Local Authority to provide training and occupation for adolescent and adult defectives. It is hoped that the proposals submitted to the Minister for the building of an Industrial Centre will be approved thereby permitting the transfer of the older children now attending the Centre. At present the waiting list numbers 15; of these 8 are under 12 years of age, and 3 between 12-18 years, 2 between 18-20 years and 2 over 20 years.

Transport facilities continue to operate and of the 36 children in attendance 26 are conveyed to and from the Centre.

The mid-day meal continues to be sufficient and of excellent quality; seven of the children receive free meals. The training of defectives follows as closely as possible the model recommended by the National Association of Mental Health. The curriculum includes habit training, sense training, speech training, handicrafts of various types, simple domestic tasks, good manners, etc. It is pleasing to note that commencing January 1953 the children are to be responsible for the centre laundry work as part of their training.

An open day for parents and friends was held on the 27th November and was very well attended. The continued improvement in the quality and workmanship of goods offered for sale was evident and the proceeds of the sale amounted to £31 15s. 4d. This amount was much below last year's figure, this being due to the fact that of articles displayed that day many were ordered and subsequently sold at a later date.

The sale of articles for the year amounted to £98 5s. 2d. Congratulations are due to the staff of the Centre for this very fine achievement.

On the 26th November the Occupation Centre was visited by an Inspector of the Board of Control who submitted the following report: —

“ My visit happened to fall the day before the Centre's Open day so I was able to see a most impressive array of completed handwork. A wide range of handwork is attempted here including weaving, basket making, raffia work, leather work, paper mache models and the latest venture Plaster of Paris Modelling.

“ The time table is well planned and the training is on progressive lines. The great need is for Industrial training for the older boys and I understand there are plans in hand to provide an Industrial Class. Meanwhile the Supervisor is attend-

ing night classes in woodwork and joinery and is doing what she can to train boys in this work.

“ The midday meal is cooked in the Canteen nearby and was to-day satisfactory in both quality and quantity.

“ The tables were attractive and a good supply of cutlery was available. The children who can afford it pay 2/11d. per week for dinners.

“ The centre is well equipped in both furniture and training apparatus. Some form of heating in the cloakrooms would be an improvement, particularly in wet weather.

“ I understand the Committee is very sympathetic towards these children and are as generous as their powers allow.

“ The centre now has a playground but unfortunately it can only be used in very dry weather as it has only an earth surface. Perhaps when the Industrial Centre is built it may be possible to asphalt it.

“ The discipline is good throughout the Centre and there is a very happy relationship between staff and patients.

(Signed) M. WOOLLVEN.

Inspector of the Board of Control.”

INDUSTRIAL CENTRE.

It is most pleasing to record the efforts being made by the Council to establish an Industrial Centre in Rotherham. Plans have been submitted to the Minister for such a Centre and it is to be hoped that they will meet with approval. The need for an Industrial Centre is great because of the limited capacity of the present centre. Such a centre would be available to accept transfers from the existing centre and thereby make way for the admission of younger children which is necessary and desirable.

It is the policy of this department to give priority to the younger age group but in doing so the fact must not be overlooked that there remains the obligation to provide training and occupation for adolescent and adult defectives. It is worth noting that the Board of Control's Inspector in her report expresses the great need for an Industrial Centre. It is hoped that this statement lends support to the proposals already submitted and the day is not far distant when the Council's efforts and consideration on behalf of these unfortunate children bear fruit.

LUNACY AND MENTAL TREATMENT ACTS.

THE WORK OF THE DULY AUTHORISED OFFICERS.

The Duly Authorised Officer is an official of the Local Authority under the direction of the Medical Officer of Health.

The officials were first described in the Mental Deficiency Act 1913; and the Mental Treatment Act 1930 widened their powers to enable them to deal with persons of unsound mind. Most of these duties were formerly carried out by Relieving Officers under the Lunacy Act, and the dissociation of mental health duties from the Poor Law atmosphere has been a very welcome change.

In cities where the density of the population is sufficient to warrant it the Duly Authorised Officer devotes much of his time to this work and he becomes, in effect, a lay mental health officer who develops by experience a considerable knowledge of the practical and legal aspects of the subject. It is important to remember that having being notified of the existence of a person of unsound mind the decision to act is his responsibility and he stands or falls by his action. He is called upon to deal with a variety of cases—from the placid to the extremely violent. He calms the harassed relatives as well as the patient and in this direction the greatest tact and discretion must be employed. He is in fact guide, philosopher and friend and his job is more than the removal of a patient to a place of safety.

With the passing of time it is noticeable that the relationship between the Duly Authorised Officer and relatives of patients which was never bad, continues to improve.

Many cases are investigated by the Duly Authorised Officers and all too often it is found that the under-lying reason for the request for admission to hospital springs from the need for custodial care, such as general hospitals afford. A large percentage of the cases are suffering from chronic physical illness or are aged and infirm. Many minor aberrations are often amplified in the hope that a bed will be found in a mental ward when unsuccessful attempts have been made to find accommodation elsewhere. This is undoubtedly due to the lack of beds for the chronic sick and infirm cases.

The general medical practitioners frequently call on the services of the Duly Authorised Officer and they very much appreciate that this officer is a most useful source of information both on the statutes relating to mental illness and on the different social agencies which can help with the psychiatric problems. Both gain much from mutual co-operation in the interests of the patient.

In Rotherham this co-operation and liaison between doctors and officers of the Mental Health Service is good and such an understanding can only tend to help in the delicate situations which often arise in and around the care and treatment of the mentally sick. Facilities at Moorgate General Hospital for the admission of patients for observation (Section 20 Lunacy Act 1890) proves to be of material advantage to the efficiency of the service in as much as the final decision as to a patient's mental state can be made without undue haste which is all to the patient's advantage.

During 1952, 74 patients were admitted into Moorgate General Hospital from within the administrative area of the Borough. All these patients were either certifiable as of unsound mind or sufficiently mentally unstable as to require compulsory detention for further observation for their own welfare or in the interests of public safety.

The ultimate disposal of these cases all of whom were admitted under the provisions of Section 20 of the Lunacy Act 1890 was as follows : —

	Patients					
1. Transferred to Middlewood Hospital						
(a) as certified patients	34
(b) as temporary patients	4
(c) as voluntary patients	2
2. Discharged from Moorgate General Hospital				34
						—
Total	74
						—

Prior to the National Health Service Act 1946 the Moorgate General Hospital served the Rotherham County Borough and a limited area of the West Riding County Council. With the introduction of regionalisation patients are now admitted from a much wider area. Frequently Rotherham's officers are called up to complete legal requirements in respect of patients not normally resident within the Borough. Largely because of overcrowding at mental hospitals, cases are admitted for mental observation into Moorgate General Hospital from Sheffield, Doncaster, Barnsley and more distant areas of the West Riding. Cases admitted from these areas under the provisions of Section 20 who are not dealt with within the validity of the Duly Authorised Officers three day order become the responsibility of Rotherham's officers after 72 hours have elapsed. Added to this cases admitted to the General Hospital for some physical reason and later developing a mental illness also become the concern of the Rotherham Mental Health staff, irrespective of their normal place of residence. The following table analyses the types of patients admitted into Middlewood Hospital during 1952.

			Borough cases	Other cases	Total
1. Certified patients	...	...	36	8	44
2. Temporary patients	...	...	7	1	8
3. Voluntary patients	...	...	26	—	26
			—	—	—
			69	9	78
			—	—	—

From the figures quoted above it will be observed that in the 52 cases (certified and temporary) in which the Duly Authorised Officers were required to make arrangements for admission to a mental hospital in accordance with the law, 9 of this number (17 per cent. of the total) were not resident within the administrative area of the Borough.

During 1952 in addition to 74 cases admitted into Moorgate Hospital under the provisions of Section 20; two cases were certified at their own homes giving a total of 76 persons being dealt with under order. In addition many cases were investigated which resulted in no action being taken.

In some of these cases the degree of abnormality did not warrant removal to an observation ward or mental hospital. Others suffering from mild psychotic disorder were referred to the Out-Patient Clinic, but in the main a large percentage were suffering from chronic physical illness or were aged and infirm.

OUT PATIENT CLINIC.

With the emphasis on the prevention of illness patients who are suffering from mild mental disorders are encouraged to take full advantage of the facilities available at Out-Patient Clinics. Members of the Mental Health Staff attend the clinic which is held at Moorgate General Hospital each week.

The officers of this authority work in close co-operation with the staff of the clinic and it is common practice for the Mental Health Officers to make clinical appointments for patients, and if need be patients are escorted to the clinic.

Discussions take place between the visiting psychiatrist and the Mental Health Officers and much valuable information is imparted to the benefit of all concerned.

There is no doubt that these clinics are playing an invaluable part in the field of mental health and they have been responsible in many cases for relieving the present acute shortage of hospital beds. Although very much overworked the staff of the Out-Patient Clinic make every endeavour to accommodate the numerous cases referred. In the past four years their work has increased tremendously and the contribution they are making cannot be given sufficient praise or publicity.

AFTER-CARE OF PATIENTS DISCHARGED FROM MENTAL HOSPITAL.

The effort of those engaged in the mental health service must be directed primarily towards the prevention of mental illness. If prevention is not possible it becomes the duty of those concerned to see that the patient receives the best form of treatment which is available as quickly as possible. Patients discharged from hospital must receive adequate after-care to rehabilitate them and minimise the risk of relapse. A large proportion of after-care is carried out by the Psychiatric Social Workers of the hospital, but this does not mean that the local authority does not undertake this work. Cases are referred to the Mental Health Department by the discharging hospital apart from those ascertained from other sources.

The staff of the Mental Health Section maintain close contact with a host of organisations both statutory and voluntary and it is not possible to enumerate the variety of visits, interviews or contacts made to assist the patient.

Special mention should, however, be made of the willing co-operation given by officers of the various Ministries and officers of the Rehabilitation Centre.

Every endeavour is made to maintain these good relationships so as to secure the co-ordination of effort towards the continued development of the facilities for the after-care of patients.

HOSPITAL ACCOMMODATION.

The shortage of hospital accommodation both for the mentally ill and the mental defective in particular continues to impede the mental health work. Although the provision of such accommodation is clearly the responsibility of the Ministry of Health through its Regional Hospital Boards, the local health authority's duties in this field are so closely related as to be almost inseparable. Frequently the officers of this service are thrown into a state of dilemma regarding this lack of accommodation. This state of affairs does not appear to be confined to this area only and other authorities are experiencing similar difficulties. Whilst it is only fair to say that the position is very little improved from that of last year it has not worsened; and it must be emphasized that the shortage of accommodation for mental defectives is the more acute. Overcrowding of mental hospitals appears to be fairly general throughout the country and in the main this is due to the increasing number of senile dementias, and the presence of a large number of mental defectives in mental hospitals, plus the shortage of nursing staff.

The admission of voluntary patients which is so desirable in the prevention of more acute mental illness cannot be arranged with ease. Patients desirous of accepting voluntary treatment are usually examined in the first instance at Out-Patient Clinics attached to the hospital. It is not possible to admit all who are willing to submit themselves voluntarily and consequently the Out-Patient Clinics are very much overworked.

In theory mental patients can be admitted into any mental hospital but this does not apply in actual practice. A limited allocation is made for the use of patients from this area at Middlewood Hospital, Sheffield. The total allocation during 1952 was 8 male and 18 female and when it is borne in mind that this allocation has to serve the Boroughs of Rotherham and Doncaster in addition to certain country areas of the West Riding some indication is given of the gravity of the situation.

Quite frequently during the year certified cases had to be detained in Moorgate General Hospital on a suspended order until a bed became available at a mental hospital. This situation only aggravates the patient's condition and delays treatment which in some cases is very necessary and perhaps urgent.

OBSERVATIONS.

Rotherham can feel justly proud of the efforts they have made and are making for the training of mental defectives. In comparison with other Occupation Centres Rotherham's is more than good. It is well equipped, well furnished, conveniently situated, and staffed with enthusiastic, patient and understanding teachers who are teaching the children worthwhile things which give both to them and their parents untold pleasure.

The "different" or handicapped child is miserable when competing with the normal child but is quite happy with children of the same level particularly when there is no need to face unfair competition. Anyone doubting this statement need only visit the Occupation Centre and see for themselves the difference attending such a centre makes in the lives of these children.

It is to be hoped that the much needed Industrial Centre will receive favourable consideration from the Minister and thereby allow the Council to promote further facilities for the mentally defective in whose cause they have always shown sympathy and understanding.

For the past few years it has been noted that supreme difficulty as regards efficient operation of the Mental Deficiency Acts has been the lack of institutional accommodation. The year under review has been no exception. With the passing of time the position does not in any way improve, and the primary requisite of the service is frustrated by the complete inadequacy of accommodation. Admissions during the year were two male and one female—one of the males being subject to Police Court proceedings.

In conclusion as far as Rotherham is concerned the emphasis is on the serious lack of accommodation for the mentally sick and particularly the mental defectives.

APPENDIX

For the purposes of record, a copy of a special survey report of the services provided under the National Health Service Acts as existing at the end of 1952 in the area of the County Borough of Rotherham, which was specially requested by Circular 29/52 of the Ministry of Health, is included as an appendix to the Annual Report.

This survey was submitted to the Ministry of Health in February, 1953, and covers the period from 5th July, 1948, to 31st December, 1952. It follows the main headings of the circular and for convenience the several sections are prefaced by the details of the information required, whilst at the end are details of local cards, leaflets, posters, etc., referred to in the body of the report. In reprinting this survey in full, it will be found that of necessity certain information recorded in earlier parts of the annual report for 1952 has been unavoidably duplicated.

SPECIAL SURVEY OF LOCAL HEALTH SERVICES

PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS.

GENERAL

1.—ADMINISTRATION.

Brief description of administrative organisation, including arrangements for control, supervision and co-ordination of the services at officer level and, in counties, of any arrangements made for decentralised management of particular Local Health Services, through Area Sub-Committees or otherwise, indicating whether decentralisation operates over whole county or in some parts only, functions devolved, and general lines of constitution of Area Sub-Committees (e.g., whether members of Local Health Authority or members nominated by County District Councils are in a majority and what other interests are represented). Joint arrangements, if any, with other local health authorities.

The Rotherham County Borough Council discharges all its duties under the National Health Service Acts through a Health Committee. This has several sub-committees, and the Tuberculosis Care Committee undertakes the duties indicated by its title.

The sub-committees meet monthly and report to the Health Committee. They are:

(a) MENTAL HEALTH SUB-COMMITTEE which is appointed by the Health Committee and has delegated to it all the powers of the Council under the Lunacy Acts, the Mental Treatment Act and the Mental Deficiency Acts.

(b) NURSING SUB-COMMITTEE which is composed of eight corporate members appointed by the Health Committee as well as six members co-opted from the Rotherham and District Nursing (Benevolent) Association. This sub-committee deals with matters relating to home nursing.

(c) DOMICILIARY SERVICES SUB-COMMITTEE. This sub-committee is concerned with matters relating to health visiting, domiciliary midwifery and home helps.

(d) GENERAL PURPOSES SUB-COMMITTEE. This sub-committee which meets as and when necessary makes senior appointments, considers reports on special subjects submitted to it from time to time and matters which cannot be dealt with appropriately by any other sub-committee.

TUBERCULOSIS CARE COMMITTEE. This committee meets every two months. It consists of all members of the Health Committee with His Worship the Mayor as President and representatives of other Corporation committees and voluntary organisations of the town. The Town Clerk and the Lay Administrative Officer of the Health Department act as joint honorary secretaries to the committee and the Borough Treasurer acts as honorary treasurer. The honorary medical officers are the Medical Officer of Health and the Consultant Chest Physician. The Corporation has delegated its functions under the Act to this committee and details of its work are given under Prevention, Care and After Care of Tuberculosis.

HEALTH COMMITTEE. This committee, which meets monthly, is composed of 14 members appointed by the Council, and deals with all matters affecting the health of the inhabitants of the County Borough. To it are reported the proceedings in all its sub-committees.

THE HEALTH DEPARTMENT is sectionalised as follows, the section heads being responsible to the Medical Officer of Health or his deputy: —

- (a) Dental with a Chief Dental Officer.
- (b) Domiciliary Midwifery with a Superintendent Midwife who is also Non-Medical Supervisor.
- (c) Health Visiting with a Superintendent Health Visitor.
- (d) Home Nursing with a Superintendent of Home Nurses.
- (e) Home Help with a Home Help Organiser.
- (f) Health Education and Publicity with a Health Services Information Officer under the direction of the Deputy Medical Officer of Health.
- (g) Mental Health with a Mental Health Officer.

In addition to the above sections performing functions under the National Health Service Act, the department has also a School Health Section with the Medical Officer of Health as School Medical Officer and his deputy and assistant medical officers act as school medical officers in accordance with their designations. The environmental side of the department with its staff of sanitary inspectors, disinfectors and ratcatcher is under the direction of the Chief Sanitary Inspector, who in turn is directly responsible to the Medical Officer of Health.

All statistics, financial and general administration of the Department are under the direction of a Lay Administrative Officer.

It will be seen that the whole of the Council's functions relating to the health services of the town are under the direction of the Medical Officer of Health and his staff and co-ordination of the department is achieved by frequent consultation between section heads about day-to-day problems, and through the Medical Officer of Health who exercises overall supervision and control over the various sections.

All incoming and out-going correspondence goes through the Medical Officer of Health so that he can keep in close touch with day to day business of the department.

The Ambulance Service is under the control of the Chief Officer of the Fire Brigade, who is the Director of the Ambulance Service and he reports directly to the Health Committee.

To consider matters affecting both the Fire Brigade and Ambulance Service a Joint Sub-Committee is appointed by the Watch and Fire Brigade Committee and the Health Committee.

2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

General arrangements in the area for securing co-ordination between Local Health Services and the Hospital and Specialist Services and the General Practitioner Services. Ways in which medical officers, health visitors, midwives or nurses employed in the Local Health Services are co-operating in the care of patients under treatment (a) at hospitals (b) by general medical practitioners. Assessment of effectiveness of these arrangements and any suggestions for improving them.

Steps taken to inform

(a) general practitioners (b) the public

about services available and how their help may be obtained. (If a guide to the Local Health Services has been issued, it will be helpful if a copy of it may be forwarded with the advance copy of the survey.)

Two committees which hold their meetings in Sheffield have been set up to secure co-ordination and to consider matters affecting the Local Health Authorities, the Regional Hospital Board and the General Practitioner services.

The first of these is a Liaison Committee which consists of the Medical Officers of Health of the Local Health Authorities in the area of the Sheffield Regional Hospital Board, and the Administrative Medical Officer of the Sheffield Regional Hospital Board and his deputy.

This committee considers day to day problems affecting the Regional Hospital Board and the Local Health Authorities. Its meetings are preceded by meetings of a pre-liaison committee composed of medical officers of health at which are discussed problems affecting the Local Health Authorities in the area.

The second is the Medical Co-ordinating Committee which considers specific problems affecting the Local Health Authorities, the Regional Hospital Board and the General Practitioner Services of the County Boroughs of Sheffield, Rotherham, Doncaster and Barnsley, and parts of the West Riding of Yorkshire County Council, and is composed of medical officers of health, Regional Hospital Board administrative medical officers, representatives of general practitioners in the area and, at times, consultants appropriate to the subject to be discussed.

These committees are advisory in character only.

At committee level there is close co-ordination between the Local Health Authority and the Hospital and Specialist Services and the General Practitioner Services.

The Chairman of the Health Committee is also Chairman of the Rotherham Executive Council and Vice-Chairman of the Rotherham and Mexborough Hospital Management Committee.

Seven other members of the local Health Committee serve on the Executive Council, and one (who also serves on the Regional Hospital Board) on the Hospital Management Committee.

At officer level there is day to day personal contact between Health Department and hospital staffs and general practitioners. This personal contact is the most important channel of communication, since true co-operation depends on the individuals and their will to co-operate in everyday affairs rather than on elaborate schemes.

The Medical Officer of Health has recently been appointed to membership of the Rotherham Executive Council and this should do much to co-ordinate at officer level. It would appear that his appointment to the local Hospital Management Committee also might be advantageous. He would be kept more fully informed of the happenings in the Hospital and General Practitioner Services, and would be able to suggest adjustment in the Health Department to meet the needs of the patients.

Medical officers of the Local Health Authority attend as observers weekly paediatric clinics at Moorgate General Hospital; the Council's health visitors also attend at this hospital and at the Doncaster Gate Hospital, the two general hospitals of the town. The Home Nursing Service, usually at the request of the general practitioner, carries out domiciliary nursing; home helps providing domestic assistance where necessary, and all sections thereby relieve pressure on hospital beds.

Patients in hospital, and if necessary after discharge, are visited by the health visiting staff; personal communications between the Superintendent Health Visitor and the Hospital Ward Sister enable this arrangement to work smoothly.

On request from the hospital the health visitors provide background reports on the home conditions of expectant mothers, and the Medical Officer of Health recommends delivery in hospital or at home.

Regular attendances are made at the local Chest Clinic by a health visitor thereby facilitating co-ordination in the care of the tuberculous patient.

The Mental Health Officer attends the weekly psychiatric out-patient clinic at Moorgate General Hospital supplying and receiving information about the patients and forming a valuable link between Local Health Authority and Hospital Services.

From time to time the Medical Officer of Health brings to the notice of the general practitioners facilities offered by the Health Department by means of a circular letter, and there is daily personal contact between general practitioners and members of the Health Department.

Extensive publicity regarding the local authority's health services is carried out by the Health Services Bureau. Leaflets, posters, film shows (given at maternity and child welfare clinics, at schools, etc.) deal with a variety of topics, whilst members of the public are encouraged to use the bureau to make personal enquiries. No guide has been printed of the health services of the town in view of the establishment of the bureau, where up-to-date information and ready access is available on all Local Health Authority, Executive Council, and Hospital Services. From its opening in September, 1948, to 31st December, 1952, 19,874 enquiries have been dealt with at the bureau from 19,399 enquirers. On request, talks are given by members of the Health Department to interested groups—for example, parent-teacher associations. Much informal, but extremely valuable, health education is done at the maternity and child welfare clinics and ante-natal clinics by personal contacts between medical officers, health visitors or district midwives and the mothers in attendance.

3. JOINT USE OF STAFF.

Extent doctors in general practice work for the authority on a part-time or sessional basis, and kind of work carried out by them; also note of any arrangements for medical or other officers employed by the authority to work part-time on the Hospital and Specialist Services and of arrangements for consultants or other medical staff employed by Regional Hospital Boards of Governors to work in the Authority's service.

Except for an occasional maternity and child welfare session (usually as a locum) general practitioners do not work for the local authority on a part-time or sessional basis. At the moment no arrangements exist whereby the Corporation's medical officers work part-time in the hospitals or on a sessional basis, although such medical officers do attend paediatric out-patient clinics as observers. Here it would appear that there is room for interchange between hospital and local authority medical staff, and that doctors

employed in the hospital service could conduct local authority maternity and child welfare clinics, and doctors employed by the local authority could conduct selected clinics in the hospitals. This would almost certainly enhance co-ordination between the hospital and local authority services.

Appropriate consultants, employed by the Sheffield Regional Hospital Board, attend local authority clinics in ophthalmology, orthopaedics, otology and laryngology, child guidance, and midwifery. Regarding tuberculosis, arrangements exist whereby contacts attend the Chest Clinic for examination by the Consultant Chest Physician. Whilst the local venereal diseases clinic is administered by the hospital authorities the follow-up of female defaulters is carried out by the Health Department's Health Visitor/Social Worker.

4. VOLUNTARY ORGANISATIONS.

General statement of use made of voluntary organisations in the Local Health Services.

The work of the Health Department benefits by help from many voluntary organisations, but use is not made of voluntary workers as such within the department's own official activities.

Assistance is given by the following voluntary agencies: —

(a) ROTHERHAM AND DISTRICT NURSING (BENEVOLENT) ASSOCIATION. Six co-opted members of this association serve on the Local Authority's Nursing Sub-Committee, and the Association provides assistance on request to families in the Borough such as clothing, bedding, extra nourishment, convalescence and chiropody for the aged.

(b) WOMEN'S VOLUNTARY SERVICE. Help of a similar nature is supplied by the Women's Voluntary Service at the request of the staff of the Health Department.

(c) NATIONAL ASSOCIATION FOR THE PREVENTION OF CRUELTY TO CHILDREN.

In dealing with problem families and with children neglected or ill-treated in their own homes close liaison is maintained with the inspector of the N.S.P.C.C., and his help is forthcoming, not only in taking legal action where prosecution becomes necessary, but in many situations where the welfare of a child is involved.

(d) ROTHERHAM BRANCH OF THE OLD PEOPLE'S WELFARE COMMITTEE. This committee came into being during 1952, and on it serve representatives of the Welfare and Health Department staff as well as from many voluntary organisations in the Borough. The Superintendent Health Visitor acts as honorary secretary to this committee and thus a close link is maintained between the work of this voluntary committee and the work of the Health Department staff.

(e) THE HARROGATE HOME FOR MOTHERS AND BABIES, which unhappily closed down at the end of 1950, received support from this authority and provided convalescence for a limited number of mothers and infants up to that time.

(f) THE BRITISH RED CROSS SOCIETY kindly offered and gave escort both by road and rail to mothers recommended for convalescence and needing this help up to September, 1950.

(g) THE DIOCESAN HOME FOR UNMARRIED MOTHERS in Sheffield supplies the need of the girls in this area requiring such care, the local authority contributing to each girl's maintenance.

(h) THE STODDART BEQUEST is a private fund, from interest on moneys left to the Feoffees of the Common Lands of Rotherham, and is in the hands of the Medical Officer of Health to be used at his discretion for needy mothers and infants.

(i) HOME SAFETY. The activities of the Home Safety Committee, which was inaugurated in the Borough in 1951, and on which a member of the Health Department staff serves, are valuable in publicising this subject.

(j) THE BRIGHTON GUARDIANSHIP SOCIETY act as agents in the supervising of four cases under guardianship.

(k) NATIONAL ASSOCIATION OF MENTAL HEALTH. From time to time, use has been made of the services of this Association in advising on the planning of Occupation Centres and the proposed new Industrial Centre.

(l) THE CENTRAL COUNCIL FOR HEALTH EDUCATION, THE NATIONAL ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS, AND THE ROYAL SOCIETY FOR THE PREVENTION OF ACCIDENTS receive annual donations from this authority and their literature is used in health propaganda.

PARTICULAR SERVICES.

5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

EXPECTANT AND NURSING MOTHERS. General statement of facilities provided for ante-natal and post-natal care (including specialist clinics, assistance given at clinics in general practitioners' own premises, blood testing arrangements and unmarried mothers) and mothercraft training and extent to which used. Arrangements for supply of maternity outfits.

The ante-natal and post-natal care provided by the Local Health Authority is obstetric and social.

The obstetric care is provided through ante-natal and post-natal clinics, by the domiciliary midwives and by a consultant obstetrician who acts as the Corporation's Obstetric Officer.

On booking a midwife to deliver her the patient is given two typed leaflets, one containing general instructions and a list of the articles required for the confinement, and the other on the care of the breasts during pregnancy. (Leaflets attached to report).

If the patient has booked a doctor to attend her a booking slip signed by the doctor is given to the midwife, and the same leaflets as before are given to the patient.

There are four centres, and the obstetrician attends weekly at one centre, twice a month at another, and once monthly at the two other branch clinics.

The midwives hold weekly sessions at all four centres with the exception of one centre where twice weekly sessions are held. Two midwives attend each session, and patients attend from the midwives' own area.

The cases attending these clinics are either midwives' booked cases or general practitioner cases attending with his consent.

The midwives' own cases are referred to the medical ante-natal clinic to be examined by the Obstetric Officer.

In the presence of the booked midwife, the expectant mother is given another date for attendance, about the 36th week of pregnancy or earlier if necessary. Dental examination is given as a routine.

Expectant mothers are invited to attend relaxation and mothercraft classes, which are going on at the same time in a different section of the clinic.

When an unmarried mother books a midwife, she is referred to the Superintendent Health Visitor, and the Health Visitor/Social Worker appointed to deal with unmarried mothers takes over the social aspect of the case. (For action taken—see under "Other provisions" at the end of this section).

Although no assistance is given by the midwife in the general practitioner's own premises she may attend his surgery when necessary with a patient to consult with him.

Blood specimens are taken from patients attending the clinics for the first time, and during a subsequent pregnancy if necessary, and from any case referred specifically for this purpose by the general practitioner.

Rhesus factor examinations and Kahn test are routine practice in the Corporation's ante-natal clinics, and in May, 1952, a request was made to the local hospitals, general practitioners, and midwives for the inclusion on the birth notification of information about any tests performed. A central register of all results is now kept in the Health Department, and information will be available on request in future pregnancies.

Maternity outfits are provided by the local authority for all domiciliary deliveries where a midwife attends, and consist of a sealed drum, containing 12 sterilized pads packed separately, cotton wool, swabs, gamgee cut into squares for use as perineal pads, roll of gauze 12 yards long, 1 sterile towel, 1 packet of umbilical dressings and cord ligature packed in a lint bag, and two sterile face masks. Other equipment includes a fitted delivery bag and a macintosh sheet, one yard square, to protect the bed. Gowns and caps are also provided for use at the delivery and during the puerperium, which are laundered after use.

The equipment is kept at the midwife's home and taken by car with the Minnett's gas and air apparatus to the patient's home when the patient is in labour.

The social aspects of pregnancy together with mothercraft training and special arrangements for the unmarried mother come within the purview of the health visitor.

Liaison between domiciliary midwives and health visitors is very satisfactory, and interchange of information relating to the needs and welfare of the mother and her family takes place, the health visitor arranging for the special needs of the family other than the actual confinement.

At the obstetrician's session at the ante-natal clinic, health visitors attend with domiciliary midwives, taking histories and contributing knowledge of the home, health, and ability of the expectant mother. Mothercraft classes are also held in the clinics by the health visitors, consisting of lectures in the care of the mother-to-be, preparation for confinement, and infant care. Use is also made of film strips, birth atlases, posters and literature.

Relaxation and ante-natal exercise classes precede the mothercraft sessions. These were given by the Physiotherapist supported by a health visitor from 1949 to 1951, but since January, 1952, a domiciliary midwife has taken the place of the health visitor. These classes are attended by primigravida with hospital or domiciliary bookings.

CHILD WELFARE. General statement of facilities provided for child welfare (including consultant clinics, any other special clinics and any assistance given at clinics held by general practitioners in their own premises) and extent to which used.

Child welfare clinics are held twice weekly at two main clinics and weekly at five branch clinics.

Of the five branch clinics, one has been commenced since the National Health Service Act came into operation, and one branch clinic has been transferred to new premises. Both these clinics are now housed in new school premises on housing estates.

An eighth clinic was commenced in June, 1952, in newly erected school premises, and is held twice monthly for toddlers only. This project was undertaken to make some attempt to provide a service for the 2—5 years age group, who, because of shortage of staff, were receiving less attention than hitherto.

All the facilities of special and consultant clinics provided for school children are available for the pre-school child, i.e.:—

Dental including orthodontics
Ophthalmic including orthoptic
Ear, nose and throat
Speech therapy

Immunisation and vaccination
Remedial exercises and ultra violet light
Orthopaedic
Child guidance

The hospital paediatric clinics and paediatrician work in good liaison with the staff of the Health Department.

There are no known infant clinics held by general practitioners, but occasionally they act as locum tenens at local authority clinics.

The number of children attending at clinics generally since 1948 have tended to decline: —

	1947	1948	1949	1950	1951	1952
Clinic attendances	... 3,104	3,541	2,908	2,778	2,477	2,201

The clinics are in continual use for health propaganda. Notice boards and display cabinets are furnished with pictures and demonstrations which are frequently changed, and educational health matters are kept before the public by the health visitors in co-operation with the Health Services Information Officer. The film projector and strip film projector are used at the clinic sessions from time to time. (Child welfare cards, leaflets, etc. See appendix).

CARE OF PREMATURE INFANTS. Domiciliary provision, including equipment provided; liaison with hospitals (if not already covered under heading 2 above).

A special appointment of a Royal Sick Children's Nurse to act as Premature Baby Nurse was made in 1950. Her work at that time was to visit a home once daily, and oftener if necessary, following the discharge of a premature baby from hospital to its mother's care at home.

It was considered that deterioration, involving loss of weight or the acquiring or inter-current infection, would be prevented if professional advice could be extended to adapt the home environment to the needs of the baby. This would also make the transition from hospital to home less disturbing and would give the mother help and confidence.

It was quickly realised that this service could be used with value for premature infants born at home and not needing immediate admission to hospital, and also to babies who were weakly and whose feeding required close supervision for a time to ensure survival, and by 1951 the Premature Baby Nurse was in fact dealing with these cases.

The Premature Baby Nurse is in daily touch with the hospital, and makes the necessary arrangements in the home for a premature baby about to be discharged, and she also takes over from the midwife on the fourteenth day, when the midwife ceases to attend any baby which has been delivered at home and for whom her services are needed.

The equipment at her disposal includes an enamelled wooden premature baby cot with wire mesh on which to place the mattress, with a zinc-lined compartment underneath in which to place hot water bottles. There are cot linings of washable material which are hooked into the cot and possessing large pockets for additional hot water bottles, a mattress with specially fitted cover, three woollen blankets, a woollen eider-down, thermometer, mucous catheter, macintosh sheet and three rubber hot water bottles.

These appliances are sent by car to the baby's home, and when they are no longer needed are returned to the Health Department, prepared for further use and kept in stock.

This service has proved of inestimable value. The lowering of the infant mortality rate in 1951 can be attributed to some extent to this service. The earlier discharge from hospital of the breast fed baby was made possible, so avoiding the separation of the mother and infant, which happened previously when the mother was discharged before the hospital authority thought it wise to discharge the baby to her care alone.

Co-operation between the hospital paediatric service and the Health Department's service has been greatly fostered by the Local Health Authority's staffs during the past few years. This is especially so in the case of premature infants. Since 1950, the contact and supervision of all hospital born premature babies at the paediatric clinic has been extended to include the attendance of all premature babies. The supervision at the clinic includes the pathological examination of the blood, and these have frequently shown evidence of anaemia and the need for iron. The scheme now in operation includes the examination of all premature infants at 6 months, 12 months and 2 years of age, and more frequently if necessary. This arrangement is carried out with the consent of the family doctor, who is notified by letter of the proposed arrangements, and asked to inform the Medical Officer of Health if he wishes to make other provision. The reference of these cases to the hospital paediatric clinic is made by the medical officers at the child welfare centres, and the reports on the infant's condition are sent by the paediatrician to both the family doctor and the Medical Officer of Health, with a recommendation for any treatment required being made to the family doctor.

SUPPLY OF DRIED MILKS, ETC. Arrangements made in co-operation with Ministry of Food for distribution of welfare foods available under the Government Welfare Foods Scheme, and arrangements made by authority for other dried milks and nutriments to be obtainable, under the authority's arrangements for the care of mothers and young children, when required for medical reasons.

The sale of National Dried Milk, cod liver oil, fruit juices and vitamin capsules, has been carried out at the two main clinics by local health authority staff, by arrangement with the local food officer, since 1948. Supplies are also available at the branch clinics during the clinic sessions. Prior to this arrangement the food office officials themselves were responsible for dispensing these products at the two main clinics, and for issuing and checking supplies sent out to branch clinics to be handled by Health Department staff on sale or return to the main clinics. These commodities are available to the public at all infant clinic sessions, and on one extra day at the two main clinics.

In addition, proprietary dried milks, baby cereals, vitamins, food supplements, including cod liver oil and malt, iron, and calcium preparations are available at cost price to mothers and infants attending the clinics. Vitamin preparations and food supplements are also on sale to the expectant mother.

The dispensing of the Ministry of Food supplies on welfare centre premises, as an addition to their own supply centres, is a valuable means of

- (a) Urging the taking up of vitamins allowed.
- (b) Supervising the need for alternative preparations in cases of intolerance.
- (c) Adjusting the dried milk prescribed to the individual baby's needs.

DENTAL CARE. Arrangements made for dental care of expectant and nursing mothers and young children and steps taken during year under review to expand these arrangements.

Expectant mothers are referred for routine dental inspection when they first attend at the ante natal clinics. Should the mother be attending at one of the two main centres, she is referred to the dental clinic held in the same building so as to save her a journey specially for that purpose. Urgent treatment may also be done, but generally if treatment is desired, a further appointment is given. Patients from the branch clinics are referred to the main dental clinics. The patient may, of course, desire to obtain treatment from her own dentist, although she will then have to contribute towards the cost of any dentures required, whereas these are supplied free to patients attending the clinics of the local health authority.

Should any extractions be required, these are done at an extraction session, when another dentist or doctor acts as anaesthetist, unless the patient expressly desires a local anaesthetic, when, provided this is not contra-indicated, it will be given. When the patient's first attendance is late on in the pregnancy or complete extractions are indicated, only the septic teeth are removed before the confinement and the remainder are extracted some little time afterwards so that she is not rendered edentulous for the last three months of pregnancy. The extraction of a large number of teeth is done at two or three visits, as it has been found that, especially with nursing mothers, this is not advisable at one sitting. After the initial removal of septic teeth appointments are given for a complete overhaul of the mouth, including scaling, gum treatments and polishing, fillings, etc., and provision of any dentures then needed. X-ray films are taken where required, and when possible "immediate" dentures are supplied to replace extracted front teeth.

Dental treatment as outlined above is carried out at two main clinics on any of the eleven sessions per week. This full and complete dental service has been available to expectant or nursing mothers in Rotherham for many years, and no expansion was necessitated by the National Health Service Act of 1946.

All that is now required is an increase of the treatments given rather than of the types of treatment available.

Children under school age are referred to the dental clinics from the child welfare centres. They may be sent by their own doctor or brought by their parents direct to the dental clinics, but these patients are always examined, at least for their first dental visit, by a doctor on the staff of the welfare centre.

A good introductory card (see appendix) was drawn up some four years ago and was given by the health visitor to the parents of each child attaining two years of age so that the child could have an inspection and any required treatment at the dental clinic. Thus its first visit to a dentist was in the nature of a trip out, and the idea of having its teeth examined was not attended with a background of toothache, blood and tears. In this fashion much good advice regarding brushing, diet and correction of habits such as mouth-breathing, thumb sucking, etc., could be given to the mother and much dental trouble in later years avoided. This admirable scheme is at present in abeyance because of the shortage of dentists, and is definitely one important aspect of dentistry which cannot be attempted by ancillary workers. A high degree of co-operation exists between the child welfare and dental clinics and is obviously essential for the efficient functioning of both.

Treatment of these young patients, generally by extraction of aching teeth under nitrous oxide anaesthesia is carried out at the two clinics on most of the eleven sessions per week. Fillings in deciduous teeth are only occasionally done, again owing to shortage of staff.

These arrangements for the dental care of children under school age have been in existence for some years and have not been expanded during the past year.

Attempts were made during the year to increase the dental man-power available by

- (a) Frequent advertisement for full time dentists.
- (b) Personal contact through the Chief Dental Officer who lectures to dental students at Sheffield University.
- (c) A circular letter to all practitioners in Rotherham inquiring whether they would be prepared to attend clinics on a sessional basis.

Advertisement produced no result, but by personal contact it was possible during the year to recruit one newly qualified dental surgeon and thus bring the establishment up to three.

The letters to dental practitioners in the area secured the part time service of one dentist for one session weekly.

The dental clinic at Ferham House was equipped with facilities for X-ray examination in 1949.

Since May, 1948, when the Corporation appointed a full time dental mechanic, dentures for all patients have been made at the Ferham House Dental Clinic. In 1950, at the request of the Education Committee, who are responsible for a proportion of his salary under the arrangements for the School Health Service, the dental mechanic was granted permission to assist in the training courses for dental technicians at the College of Technology. This arrangement provided for the practical training to be undertaken in the dental clinic at Ferham House, and the Education Committee was responsible for the provision of the necessary additional equipment.

The numbers of patients provided with dental care and treatment during 1952 were as follows:—

Numbers provided with dental care:

	Expectant and nursing mothers	Children under five
Examined	331	283
Needing treatment	259	283
Treated	207	283
Made dentally fit	183	283

Forms of dental treatment provided:

Extractions	639	486
Anaesthetics—local	25	1
—general	223	289
Fillings	79 in 78 teeth	14 in 14 teeth
Scalings or scaling and gum treatment	106	—
Silver nitrate treatment	—	—
Dressings	14	—
X-rays	10	—
*Dentures—full	58	—
—partial	91	—

* For the purposes of this table a full denture is taken to mean either a full upper or a full lower, so that a patient with a full upper and full lower is counted as two full dentures. A patient with a full upper and partial lower denture is counted as 1 in each column.

The denture work done for maternity patients was made up as follows:—

	Dentures	Patients
Full upper and full lower dentures	48	24
Full upper or full lower dentures	3	3
Full upper or full lower denture along with part lower or part upper denture	14	7
Partial upper and partial lower dentures ...	38	19
Partial upper or partial lower dentures carrying 4 teeth or less	22	22
5-8 teeth	21	21
over 8 teeth	3	3
	—	—
Totals—Full dentures	58	
—Partial dentures	91	99
	—	—

In addition to the above, 5 dentures were re-lined and 31 dentures were repaired.

OTHER PROVISIONS. Statement of any other provision made for the care of expectant and nursing mothers and young children and use made of it.

THE DAY NURSERY continued to serve the public after the National Health Service Act, 1946 came into operation, with changes in function to meet the need of the community.

Following its establishment as the only nursery required at the end of hostilities, it remained a 24 hour nursery until 1950, when, as the need for this was not justified, the hours of opening were reduced to 7 a.m. to 7 p.m. only.

Up to and following this change the nursery was used to its capacity (40 places), and there was a waiting list of approximately 50.

In 1951 a special enquiry was undertaken into the need for and the use of the nursery and the Health Committee resolved to limit attendance to social cases only. These include the illegitimate child, the children of widows, handicapped, and separated parents, and the temporary admission of children whose mothers were ill or being confined.

The nursery was transferred from the temporary war-time building to new premises at Ferham Villa. These were opened on 22nd January, 1952, and are a great improvement on the accommodation and environment of the original nursery.

The Ferham Villa Nursery has accommodation for 25 children, and steps have recently been taken to seek recognition as a training nursery. In recent months, consideration having been given to the Ministry of Health circular regarding nursery charges, the scale was revised and increased charges according to income were brought into force in November, 1952.

THE CHILDREN'S OFFICER undertakes the charge of children of all ages requiring continual care for long or short periods, due to confinement, illness of mother, or unsatisfactory homes. Medical inspection of the infants in the Children's Department nursery is carried out on admission and discharge and at monthly intervals or more frequently if necessary by a medical officer of the Health Department.

UNMARRIED MOTHERS. Special arrangements are made for the care of the unmarried mother by the Health Visitor/Social Worker who becomes responsible for her welfare as soon as the pregnancy in such a case is known to the department. She deals with social and financial adjustments, and makes the necessary arrangements for ante-natal care, confinement, and post-natal care.

Thirty-nine expectant mothers were cared for during the year 1952. Eight of these were admitted into St. Agatha's Hostel, 13 were able to stay at home with their parents, 4 were still awaiting their confinements, and a further 14 came under the heading of separated wives, co-habitees, etc.

All cases requiring residential ante-natal and post-natal care are provided for by arrangement with voluntary organisations which undertake this work, payment being made on a per capita basis.

Every effort is made to enable the mother to keep her child; this may involve consultation and co-operation with Ministry of Labour and/or works welfare officials,

arrangements for accommodation for the infant in the day nursery or with a foster mother.

The Health Visitor/Social Worker keeps contact with the mother and child until she feels that no special care is required when the case is passed over to the district health visitor.

PROBLEM FAMILIES. A scheme to deal with rehabilitation of problem families was visualised on the appointed day, and it was hoped that this could be launched within the following three years. During 1949 the local authority took part in a survey instituted by the Eugenics Society to investigate the causes and needs of these families.

During 1950, the Health Visitor/Social Worker's case load was gradually increased in this field, and attempts were made to investigate conditions leading up to unsatisfactory homes and to rehabilitate the families.

In December, 1950, in pursuance of the joint circular issued by the Home Office, Ministry of Education, and Ministry of Health, dated 31st July, 1950, on "Children Neglected and Ill-treated in their Own Homes," the Medical Officer of Health was appointed the designated officer responsible for securing full co-operation amongst the agencies in the Borough concerned with the welfare of children in their own homes.

Case conferences have been called at intervals by the Medical Officer of Health during 1951 and 1952, and the pooling of information and action taken in the interest of the families generally has been worth while.

The scheme for supplying free domestic help to problem and large families (see paragraph 12, Domestic Help) has given most encouraging results.

Use was made of Brentwood Recuperative Centre on one occasion for a mother and child during 1951, the rest of the family being cared for at home by a home help during the mother's absence. The results achieved were good, and it is to be regretted that financial considerations did not permit of further cases being sent during 1952.

During 1952, five families were referred to the Health Visitor/Social Worker for case work, making a total of 50 families under supervision. In all, 204 children were involved, and of this number 180 children were under active supervision; 112 of these were under the age of five years. Nine families were removed during the year from the list for various reasons.

6. DOMICILIARY MIDWIFERY.

General arrangements for the service. Arrangements for medical and non-medical supervision and extent of supervision of midwives not employed on the authority's domiciliary services. Administration of analgesics by midwives. Arrangements for ante-natal supervision by midwives. Co-operation with general practitioners undertaking maternity medical services (insofar as not covered under heading 2 above). Arrangements for selecting women whose confinement in hospital is recommended on social grounds. Refresher courses for midwives. Arrangements, if any for training pupil midwives.

The staff of the Domiciliary Midwifery Service consists of a superintendent and 12 midwives.

Ten of these are district midwives, each having her own area, the other two acting as holiday and general relief respectively.

All the midwives with the exception of the superintendent live in subsidised houses, most of which are owned by the Corporation, each midwife paying 10/- a week rent as fixed under the scales of the Rushcliffe Midwives Committee.

Supervision is exercised by a consultant obstetrician acting as medical supervisor, and the Superintendent Midwife acting as non-medical supervisor. One of the district midwives is also designated as Deputy Superintendent.

The Consultant Obstetrician, who also attends the local hospitals and local authority clinics, visits each midwife's home annually, where in company with the Superintendent Midwife, he inspects all records and equipment. He questions the midwife about her technique and assures himself that both theoretical knowledge and practice are kept up to date.

The Superintendent Midwife acting as non-medical supervisor, carries out a quarterly inspection of the equipment and records of each midwife.

There are no midwives in private practice in the Borough, and although there was one maternity home, this closed down in October, 1950, because of insufficient cases.

There is one nursing and maternity home in the area which employs two midwives, two assistant nurses and two orderlies which takes medical, surgical, and maternity cases, having on the average about 50 maternity cases a year. Apart from general inspection of the nursing home by the Medical Officer of Health, the non medical supervisor inspects four times a year from the midwifery point of view.

The Moorgate General Hospital is the only hospital in the Borough which takes midwifery cases, and is a Part II training school for midwives. No inspection of the eleven midwives employed there is undertaken by the Supervisors; the Medical Supervisor is employed there by the Regional Hospital Board as Obstetric Consultant, and the Medical Superintendent of the Hospital reports directly to the Medical Officer of Health any untoward matter of importance.

All domiciliary midwives are qualified to administer analgesics, each midwife having a Minnett's apparatus which is kept at her own home and which is taken to the patient's home by sitting case car when needed.

Pethidine is also administered by the midwives, being issued by the Medical Officer of Health from the central office, where the Dangerous Drugs records and the supply of Pethidine are kept.

Expectant mothers are booked for confinement by the midwife at one of the clinics where the midwives attend for that purpose and to conduct their own ante-natal clinics.

The midwives' cases and the majority of the general practitioners' cases are seen monthly at the midwives' clinics, and these latter cases are referred to their own doctor as often as he considers necessary—the midwife attending the doctor's surgery with the patient.

There is frequent consultation by telephone or by personal contact between general practitioners and midwives about the expectant mother's condition. If either feels that a particular patient should have a hospital confinement on medical grounds she is referred to the obstetrician's clinic where a recommendation appropriate to the case is made.

Recommendations for hospital confinement on social grounds are made by the Medical Officer of Health following a report by the area health visitor.

Each midwife attends at least once every five years a refresher course arranged by the Royal College of Midwives and approved by the Central Midwives Board.

As the Moorgate General Hospital is a Part II training school for pupil-midwives the Local Health Authority undertakes Part II domiciliary training.

Six district midwives, who are paid a training grant, are recognised district teachers of pupil-midwives and the pupil lives with the midwife for three months whilst undergoing her district training. During this period the pupil attends at the hospital for lectures.

The pupil is accompanied on the district by the district midwife until, after at least ten deliveries on the district, it is felt that she is competent to undertake further responsibility. She is then sent first to general practitioners' booked cases and finally delivers cases on her own, contacting the district midwife after the delivery and preserving the placenta for her inspection.

7. HEALTH VISITING.

General description of the service. Extent to which visiting is undertaken beyond visiting of expectant and nursing mothers and young children, and arrangements, if any, made to link up the health visiting services with the work of the local general medical practitioners and with that of local hospitals (insofar as not covered under heading 2 above). Arrangements made to help suitable officers who do not already possess the Health Visitor's Certificate to obtain it, and facilities offered by Council for student health visitors. Facilities for refresher courses.

The health visitor/school nurse establishment which was visualised to function after the appointed day, and which commenced in 1949, developed during the following year, but regretfully had to be abandoned during 1952 in favour of separate staffs. School inspections, clinic work and medical inspections passed back entirely to school nurses of S.R.N. status, because of the low recruitment figure of health visitors and student health visitors.

The establishment of health visitors which was approved following the coming into operation of the National Health Service Act was 29, and this envisaged the merging of the school nurses therein. At the end of 1952, including the Superintendent Health Visitor, her deputy, and the Health Visitor/Social Worker, there were nine full time and one part time health visitors and five full time school nurses employed. In addition, as temporary dilutees pending the engagement of qualified staffs, there were three full time and one part time State Registered Nurses and two full time clinic assistants employed, making a total of 19 full time and two part time staff employed. A constant effort has been made throughout the years to maintain and increase the qualified staff employed but without success.

Every attempt has been and is being made to cover the work of the department under the various sections of the National Health Service Act, but case loads are too heavy, (1,000 infants and 300 to 400 others including the tuberculous, mental defectives, and the aged) and personnel are spread too thinly to give the individual field worker an area that can be covered in a manner satisfactory to both visited and visitor.

The introduction of specialists for various sections of the work becomes the only solution, when conditions peculiar to any district demand more attention than the family visitor (as the health visitor should be) can give without detriment to work in other directions.

Dilution of the health visiting staff to relieve the health visitor of duties that take her from home visiting which is now recognised as permanent is as follows: —

Two clinic assistants with some first aid experience and clerical ability to take duties in school and infant clinics such as the preparation of the clinic, clerical work, weighing of babies, assisting at minor ailment and diphtheria immunisation clinics.

One clinic nurse with S.R.N. and S.C.M. qualifications for duties in minor ailment clinics, infant welfare clinics, and ante-natal clinics. Another nurse (S.R.N., S.C.M.) is engaged in similar duties on a part-time basis for approximately four days per week.

One premature baby nurse (as described in section 5).

One special school nurse to follow up cases of uncleanness from all schools after initial inspection by the school nurse.

There is a need for much consideration to be given to the difficulties of securing an adequate health visiting staff in an industrial area such as Rotherham, one possible solution being the weighting of salaries.

Recruitment of health visitors is especially important to meet the requirements of industrial areas which need vigorous health education, and great vigilance with regard to the prevention of illness, if the great advances made in the past in this field are not to be placed in jeopardy.

HOME VISITING is covering: —

(a) INFANTS AND YOUNG CHILDREN. Regular routine visiting is being maintained to children under a year, and where possible up to two years, and up to date no area has been left uncovered for this service. Visiting and follow up of children of 2—5 years is done only in special cases. The homes of all children up to 16 years who are admitted to hospital are visited and the cases followed up on discharge.

(b) Home visiting for child guidance (a health visitor acting as psychiatric social worker). The assessment of home conditions, etc., for children referred to the Psychiatrist is undertaken by a health visitor, who visits the homes initially as required, and confers with her colleagues about homes on their areas, reporting her findings to the Psychiatrist at the child guidance clinic, at which she attends one session per week.

(c) MENTAL DEFECTIVES. Home visiting at three monthly or six monthly periods is undertaken by health visitors.

(d) PREVENTION OF TUBERCULOSIS. Routine visiting of notified cases and supervision of contacts in the home (as described in Section 11—care and after care).

(e) AGED PERSONS AND CHRONIC SICK. Visiting of the aged was commenced in 1950, and a dossier for each old person coming to the notice of the department has been compiled.

A certain amount of routine visits were paid to the aged during 1952, as well as visits paid at the request of hospitals, private practitioners, and the Welfare Department, and of other sections of the Health Department.

These visits are paid in connection with the assessment of social conditions in the home, and of the facilities necessary for the domiciliary care or after care of the old people.

(f) THE CARE OF UNMARRIED MOTHERS AND ILLEGITIMATE CHILDREN. The rehabilitation of problem families, and the supervision of children neglected in their own homes is undertaken by a Health Visitor/Social Worker. (See paragraph 5—Care of Expectant and Nursing Mothers and Children under 5 years of age).

STUDENT HEALTH VISITORS.

An assisted scheme for the training of health visitors is in operation in the borough. Students are sent to an approved training school, during which time they receive three quarters of the minimum salary, together with uniform and allowances for fees and travelling expenses. The successful candidates remain with the authority for two years after qualifying, at the salary scale in accordance with the Whitley Councils for the Health Services.

REFRESHER COURSES.

Health visitors and school nurses attend recognised refresher courses at five yearly intervals, as recommended in the Conditions of Service of the Whitley Councils for the Health Services

8. HOME NURSING.

General arrangements for the service. Co-operation with general practitioners. Description of any arrangements for liaison with hospitals. Classification and proportions of main types of cases attended by home nurses. Particulars of any night service. Refresher courses for nursing staff and arrangements, if any, for district nurse training.

As from 5th July, 1948, the work of this service previously performed by the Rotherham and the Thorpe Hesley District Nursing Associations was taken over by the Local Health Authority in accordance with the Council's approved scheme under the National Health Service Act, 1946.

Since the take over the service has been controlled by the Home Nursing Sub-Committee of the Health Committee, which is composed of eight members of the Health Committee and six co-opted members from the old Nursing Association, which is now known as the Rotherham District Nursing (Benevolent) Association. This sub-committee meets monthly and in turn reports to the Health Committee.

The service is operated under the direction of the Medical Officer of Health from the old headquarters of the Nursing Association, and the whole of the County Borough area is covered by the service.

The two nurses' homes and equipment were purchased by the Corporation. The larger home, which is near the town centre, is a key training home for Queen's Nurses, and has accommodation for ten resident staff, with sitting rooms, duty rooms, and a study room for students in training. All demonstrations of nursing technique and lectures are given in this home.

The second home is in Thorpe Hesley, where one married nurse lives and attends to all patients in that area under the supervision of the Superintendent Home Nurse.

Details of the staff employed in the Home Nursing Service at the “appointed day” and at the end of the years which have elapsed are given in the following table:—

	5th July 1948	31st Dec. 1948	31st Dec. 1949	31st Dec. 1950	31st Dec. 1951	31st Dec. 1952
Full time staff						
Superintendent	1	1	1	1	1	1
Assistant Superintendent ...	1	—	1	1	1	—
Senior District Nurse	—	—	—	—	—	1
Queen’s Nursing Sisters						
females	7	8	6	6	5	9
males	—	1	3	2	2	2
Queen’s candidates						
females	2	1	1	—	4	—
males	1	1	—	—	—	—
State registered nurses						
females	—	—	—	3	3	2
Totals—full time ...	12	12	12	13	16	15
Part-time staff						
Queen’s Nursing Sisters						
females	—	1	—	4	3	6
State registered nurses						
females	2	2	6	6	6	6
State enrolled assistant nurses						
females	2	3	5	4	2	1
Totals—part-time	4	6	11	14	11	13
Total staff	16	18	23	27	27	28
Equivalent to full time staff	14.2	15.5	18.0	20.6	22.3	23.3

The following statement gives a summary of the cases treated, visits paid and the daily average numbers of visits paid during each year since the service was taken over:

	Cases	Visits	Daily average
1948 (July-December)	963	23,442	130.2
1949	2,177	55,442	151.9
1950	2,613	62,241	170.5
1951	2,720	60,738	166.4
1952	3,071	61,850	169.0

Since the service was taken over $4\frac{1}{2}$ years ago, 10,667 new cases have been dealt with. Of these, 9,138 or 85.7 per cent. were referred by doctors; 524 or 4.9 per cent. were referred by hospitals; 249 or 2.3 per cent. were referred from the Health Department’s school and child welfare clinics and the district midwifery service, and the remaining 756 or 7.1 per cent. were from individual applications. Details of the numbers of new cases annually were:—

	1948	1949	1950	1951	1952	Total
Doctors	737	1,650	2,065	2,157	2,529	9,138
Hospitals	85	108	117	105	109	524
Health Department services ...	56	81	32	44	36	249
Individual applications	85	157	163	179	172	756
	<hr/> 963	<hr/> 1,996	<hr/> 2,377	<hr/> 2,485	<hr/> 2,846	<hr/> 10,667

Very close liaison was maintained with the general practioners, and their cases were referred to the Nurses Home by telephone, letter, or by personal call. Contacts were frequently made about the progress of individual cases whenever the need arose.

The hospitals in the area co-operated well in admitting cases from the district where necessary but very little use was made by them of the existing arrangements for referring cases for treatment to the Home Nursing Service. The main proportion of cases referred by hospitals were people who had been undergoing in-patient treatment.

It is true that some of the cases referred to the service by general practitioners were patients who had been discharged from hospital, but it is felt that there is much greater scope for hospital cases to be referred to the Home Nursing Service particularly those in need of out patient dressings. If this were done it would help to relieve the overcrowded out-patient departments and shorten the long waiting time.

Of the 10,667 new cases referred to the service during the past $4\frac{1}{2}$ years, 7,611 were medical cases, 2,536 were surgical, 401 were gynaecological, 61 were obstetrical and 58 maternity cases. These latter cases had been referred by the district midwives because of the presence of infection in either mother or child.

There is no night service in operation, but two nurses are detailed to visit each evening between 6.30 and 10.30 the homes of all patients who need a visit, mainly in connection with very ill patients who receive hypodermic injections and are made comfortable for the night.

A night service could be put into operation if there was a need for such a service, but at present there does not appear to be the demand.

Permission is granted by the Health Committee for members of the staff to attend refresher courses from time to time, and the larger of the homes is a Key Training Home for Queen's Nurses.

Prior to 1951, the theoretical training of the Queen's Nursing candidates was arranged by the Sheffield authority, while the practical training was given in Rotherham.

Towards the end of 1951 and in the middle of a course the Sheffield course had to be abandoned owing to shortage of students, and it was decided to complete the theoretical part of the course in Rotherham for the Rotherham students.

Following this experiment it was felt that the whole course could be given in Rotherham in the future.

Practical demonstrations and lectures are given in the Nurses' Home, and visits are paid to places of interest in the area to conform with the Queen's Nursing syllabus.

Practical experience is gained in rural districts by arrangement with Lincolnshire and Lindsey County Councils, where each student spends three full days.

During 1952 eight nurses took the Queen's Nurses examination. Six were Rotherham nurses, one was trained on behalf of Barnsley County Borough, and one on behalf of the West Riding of Yorkshire County Council, of these seven were successful, one passing with credit.

CHILDREN'S NURSING UNIT.

Following a high rate of infant deaths in Rotherham during the winter of 1948 and early 1949, many of which were considered to be due to cross infection in hospital, it was decided to set up a Children's Nursing Unit which would be at the disposal of the family doctor so that the infants could be nursed at home and thus avoid cross infection.

The private doctors were notified and the unit began to function in June, 1949.

Cases are notified direct to the Superintendent usually by telephone, by the general practitioners, and the special home nurse visits the home to assess whether the case is suitable and what equipment is needed.

This equipment, which is kept ready in the Nurse's Home is conveyed to the house, and includes cots and clothing wherever necessary, and special containers ready packed and sterilised are supplied for use in infectious cases.

The home nurse is in frequent consultation with the general practitioner who is informed immediately if the child does not appear to be responding to treatment, and the parents of the child are encouraged to contact the Nurses' Home if they are unduly worried about the child's condition and a nurse (usually the Superintendent) visits immediately.

The demand for this service has increased so that a second home nurse has also been specially trained to assist in heavy periods.

Since the scheme commenced in 1949 the following summary gives details of the cases under the age of 15 years who have been treated and visits paid by this unit up to 31st December, 1952:—

				1949	1950	1951	1952
Cases nursed	...	...	...	455	621	508	713
Visits paid	...	...	...	4,151	5,870	4,150	5,837

9. VACCINATION AND IMMUNISATION.

Extent to which organised effort is sustained to secure the vaccination and immunisation of the child population, particularly as regards infant vaccination and primary diphtheria immunisation of children approaching the age of twelve months. Arrangements for “boosting” injections of diphtheria prophylactic. Arrangements for immunisation against whooping-cough with special reference to age at immunisation.

General publicity concerning vaccination and immunisation is carried out by the Health Services Bureau, whose functions are mentioned elsewhere. Leaflets, posters (see appendix), films, etc., are used in this respect and it should be noted that such media are prominent at the maternity and child welfare clinics. Great personal efforts are made by members of the staff of the Health Department—doctors, health visitors and midwives—both at the clinics and elsewhere, and it is possible that this represents the most effective form of publicity for vaccination and immunisation. Health visitors are made responsible for securing the immunisation of children on their respective districts and they collect consent forms and give advice regarding appointments. Mothers are urged to take their children either to their own family doctor or to the nearest clinic. Press publicity is used from time to time.

Two special immunisation and vaccination clinics are held each week at Cranworth Road Clinic and at Ferham House Clinic but these facilities are also available at all maternity and child welfare clinics. At such clinics “boosting doses” of diphtheria prophylactic are given where necessary.

It is customary to immunise or give “booster” injections of A.P.T. to all children in the schools following their first medical inspection after entry at which the parent is asked for consent.

Records of the primary vaccinations undertaken annually received by the Medical Officer of Health are given below:—

				Under 1 yr.	1-4 yrs.	5-14 yrs.	15 yrs. and over	Total
1948 (July—December)	...	...	...	174	18	—	6	198
1949	...	...	...	280	155	14	30	479
1950	...	...	...	327	36	11	36	410
1951	...	...	...	255	38	15	58	366
1952	...	...	...	296	29	19	39	383

During the same period the numbers of persons re-vaccinated annually were:—

				Under 1 yr.	1-4 yrs.	5-14 yrs.	15 yrs. and over	Total
1948 (July—December)	...	...	...	1	—	—	18	19
1949	...	...	...	—	—	4	69	73
1950	...	...	...	2	2	4	43	51
1951	...	...	...	—	—	9	116	125
1952	...	...	...	—	1	6	53	60

Over half these records were received from the Corporation clinics and about 30 doctors in the town have submitted records of vaccinations to the Department.

Details of the children immunised annually since 1948 together with the number who were given a secondary or re-inforcing injection are given in the following table: —

				Under 5 yrs.	5-15 yrs.	Total	Re-inforcing injections
1948	...	...	...	993	82	1,075	247
1949	...	...	...	1,412	236	1,648	722
1950	...	...	...	863	157	1,020	655
1951	...	...	...	870	168	1,038	560
1952	...	...	...	936	193	1,129	905

Throughout this period records of immunisations undertaken have been received from approximately 30 general practitioners each year, who are supplied with immunisation sera free of charge on application to the Health Department. Approximately four-fifths of the immunisations performed annually are carried out by the Corporation's medical officers at clinics and schools.

Arrangements regarding immunisation against whooping cough are similar to those outlined above. The age of immunisation depends largely upon the individual doctor, but the general tendency is to start the course of injections at about five or six months.

Immunisation against whooping cough commenced in Rotherham in 1946 when only a few children took advantage of the facilities provided. In February, 1948, with the introduction of the D.P.P. vaccine for diphtheria and whooping cough, the number of children immunised began to increase. Details of the children immunised during the past five years are: —

			D.P.P. (Diph.-Wh. C.)	Whooping Cough Vaccine	Total
1948	...	...	331	144	475
1949	...	...	1,222	39	1,261
1950	...	...	719	14	733
1951	...	...	497	11	508
1952	...	...	125	338	463

During 1952, however, it was decided to resume the use of separate vaccines instead of the combined preparation.

10.—AMBULANCE SERVICE.

General statement of work done by service during 1952 and trend as compared with previous years. Any special arrangements in force with hospitals and general practitioners to ensure the proper and economical use of the ambulance service; any abuses observed or difficulties encountered. Any new types of equipment brought into service.

The Ambulance Service has functioned as a joint service with the Fire Brigade since October 1948 when the vehicles and personnel were transferred to the Fire Station which is situated centrally in the Borough.

It is under the direction of the Chief Fire Officer who is also Director of Ambulance Service.

The civilian personnel at 31st December, 1952, was composed of one records officer, five drivers, two attendants (non-drivers), and one mechanic who works under the direction of an engineer employed by the Fire Service.

The services of the civilian personnel are supplemented by those of up to a total of 16 firemen trained in ambulance duties. The policy of the committee is directed towards a gradual reduction of the numbers of civilian personnel by replacing them by firemen when they retire or leave for any reason.

The details of patients carried and mileage travelled over the last three years are as follows: —

				Ambulance	Sitting Cases	Total
1950—Patients	carried	...	...	5,627	17,356	22,983
	Mileage	...	...	42,269	77,358	119,627
1951—Patients	carried	...	...	5,764	20,427	26,191
	Mileage	...	...	53,111	69,174	122,285
1952—Patients	carried	...	...	6,601	22,180	28,781
	Mileage	...	...	58,592	59,092	117,684

These figures show that although the number of patients carried increased in 1952, the total mileage was in fact slightly less.

The reason for this is the bringing into use in 1951 of one transit ambulance and in 1952 of a further transit ambulance which carry eight sitting cases each, and the co-operation of the hospital authorities who, following discussion about the trend towards increase of mileage, have assisted in every possible way to co-ordinate journeys into any given area of the Borough.

The vehicles in use at the end of 1952 were 5 ambulances, 2 transit ambulances, and 2 sitting case cars, as compared with 6 ambulances, and 4 sitting case cars from 1948 to 1950, and 7 ambulances, one transit ambulance and 3 sitting case cars at the end of 1951. All ambulances are fitted with Novox Resuscitation sets which have proved their worth on many occasions.

A good liaison exists between the Ambulance Service and the hospital authorities and general practitioners have co-operated well in ensuring that there is no abuse of the use of the Ambulance Service.

11. PREVENTION, CARE AND AFTER-CARE.

Description of what is being done in carrying out this service in relation to (1) tuberculosis and (2) illness generally. As regards tuberculosis, a report as to the manner and degree in which the arrangements for prevention, care and after-care are being co-ordinated with the diagnostic and treatment services (insofar as not covered under heading 2 above).

(1) TUBERCULOSIS.

PREVENTION.

The measures taken to prevent the spread of tuberculosis are general and specific.

The general measures include early ascertainment, the provision of adequate housing accommodation and education of the public.

The specific measures include contact tracing and B.C.G. vaccination.

In Rotherham, use was made during 1952 of the Sheffield Regional Hospital Board's Mass Radiography Unit which visited the Borough in October of that year.

Prior to the visit of the Unit much advance work was put in. All general practitioners in the area were contacted and requested to advise patients to take advantage of the visit of the unit. Firms were contacted and arrangements were made for appointments for any employees who wished to be X-rayed, parental consent for X-ray of all school children over 14 years of age was obtained and they were taken in parties from school to the X-ray unit. Corporation staffs generally were encouraged and facilities were given to attend for X-ray in departmental groups where possible.

Talks and film shows were given, posters were displayed in shops and in buses in the Borough and notices were inserted in the local Press before and during the visit of the Unit.

His Worship the Mayor, the Mayoress, the Chairman of the Health Committee, many members of the Council and the chief officials of the Corporation gave a lead to the public by attending together for X-ray on the opening day, and the local Press kindly co-operated to give publicity to the visit.

During its visit from October 13th to November 13th the Unit X-rayed 6,935 people including 1,447 school children (almost 100 per cent. of those over the age of 14).

In all 30 cases of suspected active pulmonary tuberculosis were referred to chest clinics and 70 non-tuberculous cases were referred to their own doctors.

Arrangements have been made for a further visit of the Unit in 1953.

By arrangement with the Housing Committee of the Corporation approximately 12 houses are set aside each year for the rehousing of tuberculous families where this is considered necessary by the Consultant Chest Physician. This provision is renewed year by year as each allocation of 12 houses has been completed.

Education of the public is carried out in Rotherham by general health education through the Health Services Information Officer who gives talks and film shows, and exhibits displays in the Health Services Bureau window from time to time on the subject of tuberculosis.

More personal education is undertaken by the health visitors in their domiciliary visiting of tuberculous families.

Following notification of a case of tuberculosis the area health visitor visits the home to advise on prevention, to urge examination of all contacts and to arrange for any assistance that is needed and can be supplied by voluntary or statutory organisations.

The information collected in this way is transmitted to the Chest Clinic where a health visitor attends once weekly for this purpose and to collect such information regarding defaulters and the results of Mantoux tests in contacts, etc., as may be of value to the Health Department.

There she is also able to inform the Chest Physician of pregnancy occurring in the family of a notified case so that consideration can be given to the need for B.C.G. vaccination in the newly born. She also visits the sanatorium and discusses their problems with in-patients.

In these ways there is maintained an effective link between the local authority's services and those provided by the Regional Hospital Board.

B.C.G. vaccination is carried out in suitable cases by the Consultant Chest Physician on behalf of the Medical Officer of Health. 46 children were vaccinated during 1951 and 40 in 1952.

CARE AND AFTER-CARE OF TUBERCULOSIS.

These functions in respect of tuberculosis are largely vested in the Tuberculosis Care Committee, a voluntary committee composed of all the members of the Health Committee with His Worship the Mayor of Rotherham as President and representatives of other Corporation Committees and voluntary organisations in Rotherham. The honorary medical officers are the Medical Officer of Health and the Consultant Chest Physician (who is also Medical Superintendent of Oakwood Hall Sanatorium); the Town Clerk and the Lay Administrative Officer of the Health Department act as secretaries, whilst the Borough Treasurer acts as treasurer. The committee is affiliated to the National Association for the Prevention of Tuberculosis, and raises funds by the sale of Christmas seals.

The Tuberculosis Care Committee, which meets at two monthly intervals, makes grants to tuberculosis patients and their families by the provision of extra nourishment, clothing, etc. It supplies, either on loan or as a gift, beds and bedding to enable patients to sleep alone and it may provide nursing requisites in suitable cases.

Through its officers the Committee endeavours to assist patients to meet and overcome their difficulties, whether domestic or economic, in order to ensure that full benefit is gained from treatment. Such assistance may enable patients to obtain financial support through existing social security legislation or through other voluntary organisations; alternatively, domestic assistance such as payment for the provision of home helps or the storage of furniture during sanatorium treatment, may be given.

On discharge from active treatment the Care Committee takes such measures as are practicable to ensure that the patient returns to a suitable occupation by co-operating fully with the arrangements of the Ministry of Labour and National Service for the rehabilitation of disabled persons. Mention may be made of the Car Parks Scheme, which the committee operates so that ex-sanatorium patients are provided with a period of light employment following their discharge.

The composition of the Tuberculosis Care Committee allows close co-ordination of prevention, care and after-care with the diagnostic and treatment services. As a member of the Committee, the Consultant Chest Physician (who is also Medical Superintendent of Oakwood Hall Sanatorium) is in direct touch with the patients both in the Sanatorium and at the chest clinic. Grants by the committee are made on his recommendation and in cases of urgency he is empowered to make grants as necessary, reporting his action to the the next meeting of the committee.

(2) ILLNESS GENERALLY.

PREVENTION.

Every effort is made to stimulate public interest in health and the prevention of illness by means of health education.

Use is made of the Health Services Bureau window and of clinic premises for displays. Film shows are given on many subjects and talks by the Health Services Information Officer, by health visitors and by medical and dental officers are given to differing types of audiences, to mothers attending clinics, to parent-teachers associations, to co-operative women's guilds, etc.

By ready co-operation on the part of the local Press, wide publicity is given to a variety of subjects from time to time.

CARE AND AFTER CARE.

During times of illness in the home, in consultation with the general practitioner assistance is given by the provision of home nursing and home help and by the loan of nursing appliances and equipment when necessary.

The arrangements made for the loan of nursing appliances and equipment are for the general practitioners or the home nursing service to prescribe the necessary appliances on a form provided, and application is then made to the Bureau.

These appliances are loaned free of charge for as long a period as is necessary.

Constant check is made in the use of them and experience has shown that with few exceptions, appliances are well cared for and the free loan appreciated, especially by old age pensioners with restricted incomes. On return they are thoroughly cleansed before re-issue.

The types of appliances are as follows : —

Air rings	Bed pans
Dunlopillo rings	Bed rests
Bed cages	Bed blocks
Bed tables	Commodes
Urine bottles	Linen drawsheets
Douche cases	Feeding cups
Dunlopillo mattresses	Dressing bowls
Inhalers	Sputum flasks
Rubber sheeting	Stretcher
Steam kettle connections	Wheel chairs
Water/air beds	

Apart from this service, on numerous occasions information and help have been given by virtue of the existence of the Bureau, which has assisted patients under treatment both in and out of hospital. Matters about which enquiries are frequently made are how to get hearing aids, wigs, glasses, dentures, where chiropodial treatment can be obtained and many other matters connected with social services generally.

When the sick person is being cared for in hospital the health visitors by visits to the hospitals act as liaison officers and render considerable assistance to both the hospital authority and the patient by supplying information.

All hospital admissions and the provisional diagnosis are notified to the Medical Officer of Health and the health visitor furnishes a home report where necessary for inclusion in the patient's hospital records.

All discharges from hospital are likewise notified and follow-up home visits are paid to the homes of all children and old people and in other cases where a request for this is made by the patient or the hospital.

12. DOMESTIC HELP.

Brief description of service and its work. Any facilities for training.

The Domestic Help Service operates under the Health (Domiciliary Services) Sub-Committee and is administered by a Home Help Organiser who is responsible to the Medical Officer of Health for the running of the service. The working of the service and the scale of charges has been kept under constant review.

The staff at 31st December, 1952, consisted of a Home Help Organiser, three clerks and 93 home helps of whom 22 were employed full time, and 71 part time.

The Organiser interviews prospective home helps and engages those she considers to be of a suitable type. She is responsible for interviewing applicants for assistance, assessing the need, and visits the home for this purpose. She also visits the home from time to time while service is being given to ensure that the necessary standard of service is being maintained and that the need for service still exists.

She is responsible also for making the necessary financial assessment on which the charges for the service are based.

She also contacts and is contacted by outside agencies as and when necessary, such as the National Assistance Board, the hospitals in the area, and the general practitioners, etc., and has frequent consultation with the heads of other sections of the Health Department about day to day problems.

The duties of the home help include the carrying out in the home of the ordinary domestic duties usually undertaken by the housewife.

Apart from the Night Service (see below) the hours of duty vary, but assistance can be, and where necessary is, supplied to the home from 8 a.m. to 5 p.m. daily including Sunday, though apart from maternity cases Sunday work is exceptional.

Home Helps are paid on an hourly basis in accordance with the National rates of pay (Zone A Authorities) and at the end of the year the rate was $2/3\frac{3}{4}$ per hour.

The home help is supplied on loan with two overalls, a rubber apron and a badge, and receives bus fares from home to and from the place of work. A pool of domestic utensils is made available for use where necessary in homes when home helps are on duty to assist the home help in carrying out her work in those homes where these utensils are missing or defective.

During 1952 it was decided to purchase a supply of fireguards for use on loan during the period the Home Help is in attendance in the homes, so as to encourage the householders by practical demonstration to purchase one for use after the home help was withdrawn.

Mention must be made of the problems associated with special groups in need of service.

(a) MATERNITY CASES.

Service is given in maternity cases where a mother is confined at home both in the ante-natal and post-natal periods and though there was a drop in the demand for this type of service in 1949 as compared with the previous year, in the following years the demand rose until in 1951, 214 cases were served, and in 1952, 157.

Under the Corporation's scale of charges a special discount is given in maternity cases to encourage confinement at home wherever possible.

(b) OLD PEOPLE.

There has been a steady increase since 1948 in the demand for service to this group.

It can be said with certainty that this demand will continue to increase and that great efforts must constantly be made in the future, as they have been in the past, to persuade the public to undertake responsibilities in an effort to help aged or infirm relatives and friends, to relieve the pressure on the domestic help service and so prevent it from becoming merely a service for the aged to the detriment of other groups who need assistance.

Some indication of the increased use of this service is given by the following table :

	1948	1949	1950	1951	1952
Cases served	22	62	184	218	262

(c) THE TUBERCULOUS.

The demand for service to this group has not been heavy, the average cases served being about six a year.

The home helps performing this type of work are volunteers. They are X-rayed and Mantoux tested before taking up this particular type of work and are re-examined at three monthly intervals.

Printed instructions are given to home helps who serve tuberculous households dealing with the avoidance of infection in tuberculosis. (See appendix).

(d) SICK CHILDREN.

Although a special reduction of the scale of charges has been made for cases of this type in order that a mother harassed by the illness of one of her children could be relieved of her household duties for a temporary period, very little advantage has been taken of this.

(e) PROBLEM FAMILIES AND LARGE FAMILIES.

Assistance is given in the rehabilitation of mothers of problem families and large families. This service is free of cost in the first instance for two weeks at any one time and is then subject to review by the Health (Domiciliary Services) Sub-Committee, an extension of free service being granted where necessary.

Although a few cases only have been assisted in this way it is felt that results in rehabilitating the mother have been so encouraging as to make the expenditure well worth while.

(f) NIGHT SERVICE.

This was introduced in 1950 and is generally intended to give periodic help of two nights in any one week to relieve the strain put upon the relatives of sick people.

In exceptional circumstances an extension is granted, for example where an old person is living alone without relatives and where although hospital accommodation has been sought it is not immediately available.

Night helps were recruited from volunteers amongst the home helps, are paid the same hourly rate and have the same conditions of service as the day home helps.

They work from 10 p.m. to 6 a.m., having one night each week off duty.

A series of lectures were given to the night helps at the inception of the scheme by the Medical Officer of Health, Superintendent Health Visitor, Superintendent Home Nurse, and the Home Help Organiser, and visits were paid to homes by the night helps in the company of the home nurse.

It is considered an advantage if the night help is qualified in St. John Ambulance first aid and home nursing.

Each night help is supplied on loan with two white overalls and a torch.

The night help given has been a small but very valuable contribution to the work of the Home Help Service contributing 2,694 hours service out of a total 104,358 hours given in 1952.

TRAINING.

No course of training is given, though each new home help is instructed by the Organiser in the duties she will be called upon to perform including the care of the family, budgetting and shopping, the care of the sick room, etc.

It is felt that in view of the fact that most of the home helps are employed in a part-time capacity, careful selection of personnel is the key to providing a satisfactory Home Help Service, and that if any training is given, it should be short and practical, and is best given locally where local needs are known and understood.

13. HEALTH EDUCATION.

Action taken, including any taken in regard to accidents in the home. (It will be helpful if copies of any current leaflets or posters specially prepared for use in the Council's area may be forwarded with the advance copy of the Medical Officer of Health's survey).

In Rotherham a Health Services Bureau was commenced in August, 1948, and its main purposes were: —

(a) To assist in securing co-ordination between Local Health Services and the Hospital and Specialist Services and the General Practitioner Services (See Co-ordination and Co-operation).

(b) To provide care to patients under treatment in their own homes by general practitioners, by the loan of nursing appliances. (See Prevention, Care and After Care).

(c) To provide an information service on all health matters, the services available and how their help may be obtained, mainly to the general public and sometimes to general practitioners when they avail themselves of the facilities.

(d) To provide a health publicity service, organise campaigns and displays and promote health education.

The Bureau is situated in a main thoroughfare of the town, on a corner site of the Town Hall buildings, with three large main rooms. One large front room has a shop frontage; behind this room are an office for private interviews and a further room for the cleansing and storage of nursing appliances. The Bureau is staffed by a Health Services Information Officer and one female assistant.

Health education is an important function of the Bureau and has become a very considerable part of the work carried on there.

By means of the large shop window space, displays on all kinds of health topics are staged and it is found that this is a very popular way of putting health education over to the public.

Displays on "Coughs and Sneezes," "Vaccination and Immunisation," "Polio-myelitis," "Clean Food," "Child Welfare," "Accidents in the Home," "T.B.," and "Mass Radiography," and many other topics have been arranged. The displays are made topical and local material is used whenever possible. In all cases the positive aspect of health and its maintenance is stressed. It is often necessary to have models and other articles for displays, and local shops and other businesses are only too willing to loan goods for this purpose.

"Accidents in the Home" publicity is a regular feature and in conjunction with the Superintendent Health Visitor and the local Home Safety Committee, every opportunity is taken to publicise details of local accidents and the need for prevention.

During 1952, arrangements were made to collect information relating to home accidents from hospitals in the area. The monthly figures of these home accidents are recorded on a graph displayed in a prominent position in the Health Services Bureau window.

The health visitors, both on the district and in the clinics, constantly stress the danger of accidents in the home, and at present they are attempting to follow-up information received from hospitals about all burns and scalds occurring in young children and old people, though owing to shortage of staff this is not always possible.

Home nurses frequently draw the attention of parents in the homes to the necessity for fireguards; home helps take fireguards with them on loan to any home they are attending where there are young children and no fireguard is in use, in an effort to encourage parents to purchase their own.

From time to time the local Press gives publicity to home accidents, quoting figures and giving information supplied by the Health Department.

Other regular campaigns are held, such as vaccination, immunisation, venereal diseases, care of the feet, etc., and some of the local posters used and a film slide of diphtheria immunisation used in local cinemas are given in the appendix. In addition to the above, display panels are used at the Child Welfare Clinics, and an exhibition stand and display material on loan from the Central Council for Health Education is circulated to clinics and other shop and cinema premises in Rotherham.

Pamphlets and posters on all kinds of health subjects are also distributed and a rack, from which the public can take these leaflets free of charge, is at the Bureau. With the co-operation of places of employment, posters are from time to time displayed on their notice boards.

Lectures are also given to various meetings.

Towards the end of 1951 a further development was the purchase of a 16 m.m. film and sound projector. Health education films are regularly shown to audiences at the welfare clinics, mothers' meetings, works canteens, and private meetings of various organisations. This is a most popular means of focussing attention on health education.

As a further development, a film has been made in one of our clinics, entitled Rotherham Health Department Ante-Natal Relaxation Exercises, and it is hoped that in the future more may be done in this respect.

The Health Services Bureau has proved a great success not only because of its value as a means of educating the public but as a link between the various agencies providing social services. It provides a central premises to which people can be referred and where if practical help cannot be given through the Health Department Services, the enquirer can be directed to an appropriate agency for assistance.

14. MENTAL HEALTH.

Manner in which the proposals approved under Section 28 (so far as concerns mental illness and mental defectiveness) and Section 51 of the National Health Service Act, have been implemented, covering in particular the following matters:—

(i) ADMINISTRATION.

(a) Committee responsible for service

The Committee responsible for the Mental Health Service is known as the Mental Health Sub-Committee, and came into being with the introduction of the National Health Service Act in 1948. It is composed of eight members appointed by the Health Committee and to it are delegated all the powers of the Council under the Lunacy Acts, the Mental Treatment Act and the Mental Deficiency Acts. Its meetings are held monthly and its proceedings are reported to the Health Committee.

- (b) Number and qualifications of staff employed in the Mental Health Service (Medical Officers, Psychiatric Social Workers and other Mental Health Workers, Duly Authorised Officers, Occupation Centre Supervisors, etc.).

The staff employed in the Mental Health Service consists of a Mental Health Officer and an Assistant Mental Health Officer, both of whom act as Duly Authorised Officers. They are ex-Public Assistance Officers with many years of service in welfare work and have now had four years' experience in the field of mental health.

The staff of the Occupation Centre consists of a female Supervisor and three female assistants.

The Mental Health Officer holds a certificate of attendance at a comprehensive mental health course arranged by the University of Durham at King's College, Newcastle-upon-Tyne. He has also attended a practical course covering a period of six weeks at St. Luke's Mental Hospital, Middlesbrough.

The Supervisor of the Occupation Centre has the M.A.O.T. certificate obtained by special arrangement with the City of Sheffield Mental Health Service when she was in the service of that Authority.

- (c) Co-ordination with Regional Hospital Boards and Hospital Management Committees (Joint use of officers; supervision of patients on trial from Mental Hospitals or on licence from Institutions for Mental Defectives, etc.).

A large proportion of the supervision of patients on trial from mental hospitals is normally carried out by the hospital psychiatric social workers. This does not mean that the local mental health officers do no visiting of this type of case as any assistance required in this field of work from the officers of the Local Health Authority is readily and willingly given. The supervision of mental defectives on licence from institutions is work undertaken by the mental health officers, but the limitation of staff makes this difficult. Every effort to make regular visits, particularly to cases requiring sustained supervision is made, and parents of patients are encouraged to bring their troubles (however trivial or seemingly remote) for discussion with the officers concerned. This procedure offers a personal approach to the problems surrounding the patient, the home, and the institution.

- (d) Duties delegated to Voluntary Associations.

There are no duties delegated to voluntary associations.

(e) Whether arrangements have been initiated for the training of staff.

The local authority during the past five years has sent the late Mental Health Officer and his assistant to courses held at Sheffield University, and has enabled three members of the staff of the Occupation Centre to attend refresher courses.

(ii) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) Under Section 28, National Health Service Act, 1946; Measures taken for prevention of mental illness, care and after-care of the mentally ill and defective.

The introduction of Section 28 of the National Health Service Act opened up a tremendous field of development with the emphasis on prevention and care and after-care of persons suffering from illness. It has always been the policy of this authority to carry out these duties in relationship to mental health, although at times severely handicapped by limited staff.

Cases appearing under this heading are brought to the notice of the Local Health Authority by various agencies and every effort is made by the responsible officers to see that the patient receives the best form of treatment which is available as quickly as possible.

It may be necessary to call upon a variety of workers, directly or indirectly and in greater or lesser degree, to assist in the performance of this task. These workers may include general medical practitioners, psychiatrists, school teachers, officers of the Ministry of National Insurance, Employment Exchanges, National Assistance Board and in particular officers of the branches dealing with rehabilitation.

In this area there exists excellent liaison and co-operation with all these different bodies plus the ready and willing co-operation afforded by the various departments of the Corporation. It is very necessary and essential that these contacts are maintained if the realisation of one aim, namely the recovery of the patient, is to be achieved.

If prevention is not possible, the mental health workers encourage patients to seek early treatment and at the same time reassure both the patient and anxious relatives that mental hospitals are no longer considered places of indefinite detention. The stigma attached to mental illness is not so prevalent as it was and the majority of relatives and patients, particularly the younger patients, are now accepting mental illness as just an illness which needs appropriate treatment. The mental health officers have played a very important part in the breaking down of the old attitude.

Hospital out-patient clinics have given and are giving valuable assistance to patients and have been responsible for obviating the necessity for admission of many patients to hospital.

In the past four years their work has increased tremendously and the contribution they are making cannot be given sufficient praise or be too widely realised.

The officers of this authority work in close co-operation with the out-patient clinics and it is the custom in this borough to make appointments and if necessary to escort the patient to the hospital thereby acquiring valuable information which is of great benefit to all concerned.

Although very much overworked, the staff of the out-patient clinics make every endeavour to accommodate the numerous cases referred and a large number of patients who were reluctant to enter hospitals have been and are still being successfully treated as out-patients.

A sufficiency of clinics and staff would be a real and positive benefit and would undoubtedly play an important part in relieving the present acute shortage of hospital beds.

Owing to staff limitation the follow up of cases is not as satisfactory as it might be when one takes into consideration that this is a decisive period in the life of the patient when friendly advice and guidance is most needed to help patients to regain their lost confidence. The Council have approved the appointment of a trainee in mental health work to commence in 1953 in order to supplement this work.

Persons suffering from mental defectiveness are periodically visited by the mental health staff with the assistance of the health visiting staff. When the supervision and care in the home is considered to be poor, visits are made more frequently than in those cases where home circumstances are of a reasonably good standard. Cases are readily seen by both hospital and child guidance psychiatrists, and the co-operation and liaison between the clinical staff and mental health officers is extremely good. It is noticeable that there is a pleasing improvement in the relationship between the mental health officer and the relatives of the patients. In most cases he is well received and there does not appear to be any reluctance on the part of the parent or guardian to impart information, very often this information is readily volunteered. Interviews at the Mental Health Section office have been increased and this is a sure sign that the Mental Health Officer is accepted as friend and adviser and not just an official with statutory duties to perform.

Efforts are made by the mental health officers to find suitable employment for patients. This part of the work is made much easier by the very good co-operation and understanding that exists between the officers and the various agencies, particularly with the officers of the Ministry of Labour and National Service and the Sheffield and Rotherham Remploy factories.

The very urgent need for hospital accommodation is the main worry of the mental health officers, and much time is spent in assuring relatives, who are obviously feeling the strain of caring for the unfortunate patient, that efforts are being made to find accommodation. They accept this position cheerfully but the same answer time after time is little consolation in comparison to the burden that some of them have to carry.

- (b) Under the Lunacy and Mental Treatment Acts, 1890-1930, by duly authorised officers/mental health staff.

The duties of the Local Authority under the Lunacy and Mental Treatment Acts since the appointed day remain substantially the same as those hitherto carried out by the Social Welfare Department. The dissociation of mental health duties from the Poor Law atmosphere has been a welcome change. In effect the duly authorised officer has become a lay mental health officer who, by virtue of experience, has developed a considerable knowledge of the practical and legal aspects of the subject.

In Rotherham, facilities are available at the Moorgate General Hospital for the admission of patients of both sexes under the provisions of Section 20, Lunacy Act, 1890. The procedure proves to be of material advantage to the efficiency of the service, and although at times difficulty is experienced in obtaining a bed, this is largely due to the fact that whereas before regionalisation this particular hospital served only the County Borough of Rotherham and a limited area of the West Riding of Yorkshire, it now serves a much wider area. This naturally increases the work of the Rotherham mental health officers for after 72 hours have elapsed, cases admitted from other areas become the responsibility of these officers.

When cases are investigated all too often it is found that the underlying reason for the request for admission to hospital springs from the need for custodial care such as a general hospital affords, as a large percentage of the cases are suffering from chronic physical illness or are aged and infirm. Many minor aberrations are amplified in the hope that a bed will be found in a mental ward when unsuccessful attempts have been made to find accommodation elsewhere. There is very little doubt that this is due to lack of beds for the chronic sick and infirm.

The mental hospitals serving this area are Moorgate General Hospital, which has wards designated for the admission of patients under the provisions of Section 20, Lunacy Act, 1890; and the Fir Vale Infirmary, Sheffield; though this latter accommodation is only used by Rotherham in extreme urgency.

The Middlewood Hospital, Sheffield, is the main hospital for certified, temporary and voluntary patients. Notice is received each week from that hospital setting out the vacant bed allocation. This procedure does not interfere with the admission of extremely urgent cases. Although the bed situation is difficult, the officers of Middlewood Hospital are very co-operative and do their utmost to accommodate patients.

The following figures give details of the use of these hospitals by the Rotherham officers since July, 1948:—

	1948	1949	1950	1951	1952	Total
Moorgate General Hospital (under provisions of Sec. 20, Lunacy Act, 1890)	15	52	53	56	62	238
Middlewood Hospital, Sheffield						
Voluntary	27	49	46	33	23	178
Temporary	9	22	14	11	7	63
Certified	11	38	20	23	42	134
	—	—	—	—	—	—
	47	109	80	67	72	375
	—	—	—	—	—	—

The pleasing feature of these statistics is the number of patients who submitted themselves voluntarily for treatment.

The general medical practitioners frequently call on the officers of the Mental Health Service and they fully appreciate that the officer is a most useful source of information both on the statutes relating to his work and on the different social agencies which can help with psychiatric problems. Both gain much from mutual co-operation in the interests of the patient.

The desirability of early diagnosis of mental illness and prompt treatment under the voluntary system cannot be over emphasised.

(c) Under the Mental Deficiency Acts, 1913-1938: —

- (i) Arrangements for ascertaining and supervising mental defectives.
- (ii) Guardianship.
- (iii) Arrangements for carrying out the statutory duty to provide occupation and training for defectives in the area (occupation centres, industrial centres for adults, home teaching—of individuals or groups).

(i) ASCERTAINMENT AND SUPERVISION.

Notifications by the Education Authority provide the main source of ascertainment under the provisions of Section 57(3) and 57(5) of the Education Act, 1944. Other sources are the general medical practitioners, health visitors, the National Assistance Board, the Police and occasionally parents themselves.

In late 1948 a system was brought into operation whereby all those children who had been regarded as “ educationally subnormal ” during their school life were re-examined by medical officers specially approved for the purpose, during the last six months at school. If as a result of the examination it is thought that any particular child will require supervision after leaving school, a formal notification is made by the education authority.

Good liaison exists between the Mental Health Section and the Police Department. By the courtesy of the Chief Constable, a list of all cases due for hearing at Magistrates’ or Children’s Courts is sent to the Medical Officer of Health. This enables the Mental Health Officers to attend all cases in which some history of mental disorder is known or suspected.

The supervision of mental defectives in the community which also includes cases on licence is carried out by the two mental health officers with the assistance of the health visiting staff. The routine district visiting of mental defectives was allocated in areas to the district health visitors in April, 1950, but initial cases, licence cases, or cases which need careful supervision, are visited by the mental health officers.

Health visitors are encouraged to report any unsatisfactory case to the mental health officers immediately, and a special visit is then made.

The arrangements for the supervision of mental defectives function very well and the co-operation and liaison between the two sections is extremely good.

In 1952 the health visitors made 347 visits to the homes of mental defectives in the community and the mental health officers made 256, plus visits in connection with holidays, licence and extension of order, and 131 interviews were made at the office.

Frequent contact as necessary is made with the Psychiatrist of the Sheffield Regional Hospital Board. Similar contacts are maintained with Dr. Allen, the Medical Superintendent of St. Catherine's Institution, Doncaster.

(ii) GUARDIANSHIP.

Extreme difficulty in finding persons to undertake the duties of guardianship continues to be experienced. Very few people indeed are both willing to accept a defective into their homes and to undertake the legal obligation which statutory guardianship demands.

At present this authority has four females with private guardians under the general supervision (on behalf of the local authority) of the Brighton Guardianship Society.

(iii) OCCUPATION AND TRAINING FOR DEFECTIVES.

The Council's scheme for its Mental Health Services, approved by the Minister on the 24th May, 1948, included the following statement:—

“It is proposed as soon as suitable premises can be erected or acquired to provide an Occupation Centre for defectives remaining at home; and at a later stage to consider the need for an Industrial Centre.”

In June, 1948, negotiations were made for taking over premises within the grounds of Ferham House as an Occupation Centre. The building was found to lend itself very well to adaptation and the necessary structural alterations (mainly as regards sanitary accommodation and washing facilities) were made in consultation with the National Association for Mental Health.

The work was completed and the essential furniture delivered for the opening, which took place in November, 1949.

The functions and aims of the centre may be summarised as follows:—

To develop the patients mentally and physically within the limitations imposed by their defect.

To assist the children in forming good habits, to acquire self control and to develop a social sense.

To relieve the strain in the home and to help the parents by demonstrating methods of care and training.

The centre is staffed by a supervisor and three assistants. The children in attendance number 36 and are mostly trainable imbeciles.

The centre is a modern one-storied brick building with large glass windows, a light airy hall, three classrooms and an office with electric light. There are guarded gas fires in the classrooms and the office and wall heaters high up in the hall. The boys' and girls' cloakrooms have each two W.C.s and two and three wash basins respectively. There is also a bathroom with a bath for the children, and sinks for washing up in the girls' cloakroom and office, which also has a wash basin and geyser for heating all water. There are separate toilet facilities for the staff.

Of the 36 pupils in attendance, 26 are conveyed by a large van fitted with collapsible seats to and from the centre, the assistants from the centre acting as escorts on all journeys.

Situated in the grounds is an Education Committee School Canteen and dinners for the children are supplied from this source at a cost of 2/11 per head per week. This payment is only made where the family income does not permit the child to have free meals.

The training is on progressive lines and a wide range of handwork is attempted including weaving, basket making, raffia work, leather work, papier mache models and the latest venture—plaster of paris modelling.

The time-table also includes habit training, speech training, music and movement, training in simple domestic duties, table manners, etc. The emphasis throughout is on the practical rather than the academic side.

The mental health officers pay frequent visits to the centre and this affords every opportunity to discuss the progress and problems of any individual child. Discussions take place with the parents making for co-operation between all concerned. Amusements for the children include outings in the summer, picnics, an open day and a Christmas party.

Over the period of four years the average attendance was 88 per cent. This excellent attendance record plus the gratitude of the parents are sufficient indication that that the venture can be considered successful

There is great need for an Industrial Centre for the older children and quite recently plans have been submitted to the Minister of Health for approval. Should the plans be accepted by the Minister and the word given to proceed with the building, the Local Health Authority will lose no time in putting this project into effect.

APPENDIX.

SURVEY REPORT OF THE MEDICAL OFFICER OF HEALTH, 1948-1952.

(Specimen copies of cards, leaflets, posters, etc., referred to in the Report.)

In view of the variation of sizes of these, it would be impossible to reproduce them in size and type of printing, etc., therefore a description and sizes are given, together with the page reference.

EXPECTANT AND NURSING MOTHERS—Domiciliary Midwives Service.

Page 93

(Size: quarto, 10½ins. x 8½ins., duplicated.)

HOME CONFINEMENT.

General instructions to expectant mothers when booking the midwife.

The Local Health Authority will supply for your use at confinement the following equipment, the delivery of which will be arranged by the midwife engaged.

A sterilised maternity outfit containing all the necessary dressings.

Gas and air analgesia to relieve the pains of childbirth should you desire this.

A mackintosh bed-sheet.

A sufficient supply of anti-septic solution for your personal use after baby is born.

Lanoline for use in the preparation of the nipples during pregnancy and for their care during the early days of breast feeding.

White vaseline and zinc and castor oil cream for use as a barrier cream in the care of baby's buttocks.

YOU ARE ASKED TO PREPARE AND HAVE AIRED, READY FOR THE CONFINEMENT, AT LEAST:—

BABY CLOTHING

3 pull-over wool or silk vests.
3 nightgowns.
2 dozen napkins.
3 matinee coats.
3 pairs wool bootees.
Shawl or soft old blanket.
3 towels. Baby soap.
1 crepe bandage, 3 inches wide.

MOTHER'S CLOTHING.

3 nightgowns.
3 towels.
2 brassieres.
2 pairs sheets.
Sanitary towels.
Pieces of clean old sheet to protect the bed.
Soap. Needles and cotton. Safety pins.

COT AND COT BEDDING. (NO PILLOW, PLEASE.)

GENERAL

Brown paper and newspaper which has been ironed with a hot iron on both sides, and stored in a cleanly fashion.

Small mackintosh sheet which can later be used for baby.

Toilet jug and basin. Clean slop pail.

A supply of fresh boiled water which has gone cold and stored either in the toilet jug and covered with a clean towel or in clean mineral water bottles with clean screw tops.

KETTLES KEPT ON THE BOIL.

(Size, quarto 10½ins. x 8½ins., duplicated.)

PREPARING TO FEED THE BABY.

PREPARATION FOR BREAST FEEDING BEGINS IN PREGNANCY.

Most mothers want to breast feed their babies and if they want to do so they usually can. During pregnancy the nipples must be prepared in order to make them fit for baby to suck. Many women have good, protruding nipples, but some have rather flat or even depressed nipples, which baby will find difficult to grasp with his lips. Luckily in nine months even depressed nipples can generally be brought up to standard by gentle pulling out and rolling between the fingers every day. This should be done even if the nipples are normal, for baby will be sucking at least five times daily for about 20 minutes at first, and if the nipples are not used to being handled they may get sore during breast feeding.

Depressed nipples and the baby's consequent inability to take the breast are another common cause of failure to breast feed. Recently a method of correcting this trouble has been found. Plastic nipple shells are worn inside the brassiere by day for the last 3-4 months of pregnancy; these fit over the nipples quite snugly, they are quite painless, and the results are excellent—nipples that were previously flat or retracted soon become erect.

GENERAL CARE OF THE BREASTS.

Keep the breasts and nipples clean and supple by the regular use of soap and water every day, and prevent crusting on nipples from dried secretion by applying lanoline to nipples after washing.

During the last month of pregnancy a little milk should be expressed from the breasts daily, your midwife will show you how to do this. Many breast and feeding difficulties arise in the early days through the tiny channels becoming blocked. If you have learned to keep the milk ducts free by expressing a little milk during pregnancy, feeding should be more comfortable and successful.

SORE NIPPLES.

These may result through lack of care in pregnancy or may develop if baby does not grasp sufficient of the breast tissue when he sucks.

The nipple should lie right at the back of his mouth and his jaws come together on firm breast tissue well behind it when feeding, but if he only sucks at the nipple he soon makes it sore, and this is the beginning of cracks and infection.

A comfortable position for feeding, on a low chair or with feet supported on a foot stool, makes feeding easier for mother and baby.

BREAST FEEDING IS BABY'S BEST GUARANTEE OF GOOD HEALTH.

CHILD WELFARE. Specimen leaflets, cards, etc., in use at Centres. Page 96
(Printed leaflet, 8½ins. x 5 ins.)

WHAT DOES A BABY NEED?

Difficulties associated with housing and lack of space prevent many parents from providing the right environment for their children.

Parents and welfare workers alike hope to see these difficulties removed in the not too distant future so that all babies may have the right to the following considerations:—

That baby is an individual and that his point of view should be recognised from the start.

That his first demand, and right, is for the milk of his mother's breast.

That he needs cleanliness in all his surroundings and, like all growing things, requires open air and sunlight without undue direct exposure.

That he needs sleep and quietude and protection from the common dangers by:—

- (1) A fireguard.
- (2) A cot of his own or a safe sleeping place.
- (3) NO COT PILLOW since this is a danger to the very young.
- (4) The avoidance of contact with people suffering from a common cold.

He requires space in which to grow and play, and adventure, and above all, he needs the example and help of father, and “mothering,” so that he may develop that sense of security based on the knowledge that he belongs to both his parents.

If accommodation difficulties prevent you from providing all these considerations, how many of them can you manage now?

(Printed card—folded—size 7ins. x 5½ins.)

Issued by the Rotherham Health Department in co-operation with the West Riding County Council and supplied to the local hospital for distribution to mothers on discharge from the Maternity Ward. It was designed as a means of linking this hospital with district clinics and health visitors in the interests of promoting breast feeding.

OUTSIDE.

TO MRS. AND BABY.

YOU ARE CORDIALLY INVITED TO ATTEND YOUR

LOCAL CHILD WELFARE CENTRE.

IMPORTANT POINTS ABOUT BABY'S FEEDING.

BREAST MILK is the best food that you can give your baby.

Do not be discouraged if Breast Milk seems insufficient in the second and third weeks after birth. The supply increases later if frequent feeds at both breasts are given. If baby does not seem satisfied **SEEK SKILLED ADVICE.**

NEVER MAKE ANY CHANGE IN FEEDING on your own. Ask your Doctor, or the Doctor or Health Visitor at the Clinic, or the Health Visitor who calls on you, for their advice.

The **QUALITY OF BREAST MILK** cannot be judged by its appearance. It may seem thin and watery, but it is still **VERY NUTRITIOUS.**

CONSTIPATION. Breast Fed Babies may have their bowels moved only every 2 to 4 or 5 days. **THIS IS NORMAL** and is not constipation.

OPENING MEDICINE MUST NOT BE GIVEN.

BOTTLE FEEDING is only a **SUBSTITUTE** for Nature's way, and entails many risks to a baby's health and progress.

SAFEGUARD BABY'S HEALTH.

BREAST FEED AND NO DUMMY.

ROTHERHAM COUNTY BOROUGH COUNCIL

Dr. J. A. Gillet.

<i>Clinic</i>	<i>Days</i>						<i>Time</i>
Ferham House	Monday	and	Friday	..	..	..	2.30—5.0 p.m.
Cranworth Road	Monday	and	Friday	..	..	..	2.30—5.0 p.m.
Baptist Chapel, Westgate	Tuesday	..	..	..	..	..	2.30—5.0 p.m.
Greasbro' Public Hall	1st, 3rd and 4th (5th)	Wednesday	..	..	..	..	2.30—5.0 p.m.
Thorpe Hesley School	Every Tuesday	..	..	..	..	..	2.30—5.0 p.m.
Blackburn School	Wednesday	..	..	..	..	..	2.30—5.0 p.m.
Highgreave School	Thursday	..	..	..	..	..	2.30—5.0 p.m.

WEST RIDING OF YORKSHIRE COUNTY COUNCIL

Division 22—Dr. J. Main Russell.

CHAPELTOWN.

Miners' Welfare Pavilion Wednesday, 2.0—4.0.

ECCLESFIELD.

Gatty Memorial Hall Monday, 2.0—4.12

HOYLAND.

Miners' Welfare, King Street Tuesday, 2.0—4.0

HOYLAND COMMON.

Christ Church, Hoyland Road Thursday, 2.0—4.0

Division 30—Dr. J. Leiper.

CONISBOROUGH.

Garden Lane Monday, 2.0—4.30

DENABY.

Church Road Tuesday, 1.30—4.30

GOLDTHORPE.

21, Worthington Road Monday, 2.0—4.30

MEXBOROUGH.

Adwick Road Tuesday, 2.0—4.30
Thursday, 2.0—4.30

THURNSCOE.

Central Hall, Great Houghton Road
Monday, 2.0—4.30

Division 26—Dr. D. J. Cusiter.

PARKGATE.

Methodist Church Thursday, 2.0—4.0

RAWMARSH.

Barbers Avenue Tuesday, 2.0—4.12

SWINTON.

Rock House Monday, 2.0—4.0
Wednesday, 2.0—4.0

WATH

Dunford House Monday, 2.0—4.0

WEST MELTON.

Princess Street Tuesday, 2.0—4.0

Division 31—Dr. J. M. Watt.

BRAMLEY.

Welfare Hall Wednesday, 2.0—4.30

CATCLIFFE.

Mission Hall Alternate Wednesday

CORTONWOOD.

Methodist Chapel Thursday, 2.0—4.30

DALTON.

Nursery Hut Tuesday, 2.0—4.30

DINNINGTON.

Methodist Chapel Tuesday, 2.0—4.30

KIVETON PARK.

Methodist Chapel Monday, 2.0—4.30

MALTBY.

Nursery Hut Monday, 2.0—4.30

SWALLOWNEST.

Church Hall Thursday, 10.0—4.30

THURCROFT.

Methodist Chapel Monday, 2.0—4.30

WHISTON.

Church Institute Thursday, 2.0—4.30

Letter to parents (printed, 6ins. x 8ins.).

Department of Health,
Municipal Offices,
Frederick Street,
Rotherham.

Dear Sir or Madam,

I have to confirm the advice given to you on the
by my health visitor concerning the necessity for providing a safe sleeping place for your
infant

The dangers arising from a child sharing a bed with others have frequently been stressed
by coroners and I do strongly urge you to provide or improvise a cot or other safe sleeping place
for your infant.

Yours faithfully,
JOS. A. GILLET,
Medical Officer of Health.

Mr. and Mrs.
.....
Rotherham.

Duplicated sheet (quarto, 10½ins. x 8½ins.).

CARE OF FEEDING BOTTLES AND TEATS.

Store dried milks in a cool dry place and keep the lid of the tin tightly closed.

AFTER EACH FEED :—

1. Rinse the bottle in running cold water to remove milk slime.
2. Wash in warm soapy water and rinse again.
3. Rinse the teats in running cold water.
4. Rub inside and out with common salt and rinse.
5. Store on a clean saucer covered with a cup to exclude light and dirt.
6. Boil once a day. Renew often.
7. Place the bottle, jug, food measure and teaspoon in a pan of cold water, cover with a lid and bring to the boil.
8. Remove food measure and store with teats under the cup.
9. Leave other utensils in the saucepan in the water in which they have been boiled. Keep the lid on and store the pan in a

COOL,
CLEAN
CORNER
until the next feed is due.

BEFORE MAKING UP A FEED:—

10. See that there is some boiled water in the kettle which has cooled a little.
11. WASH THE HANDS; infection can be carried from mother to child if this precaution is neglected.
12. Measure the amount of food required into the jug and make up with water from the kettle to the required amount.

DON'T FORGET THE EXTRAS.
GOVERNMENT COD LIVER OIL AND ORANGE JUICE.

Printed card, 6½ins. x 4ins. (both sides).

FRONT

BIRTHDAY GREETINGS AND A SAFE FUTURE.

To

You are cordially invited to attend

for a

BIRTHDAY EXAMINATION

at Toddlers' Clinic

on 19.....

BACK OF BIRTHDAY CARD.



GUARD FIRES
SECURELY

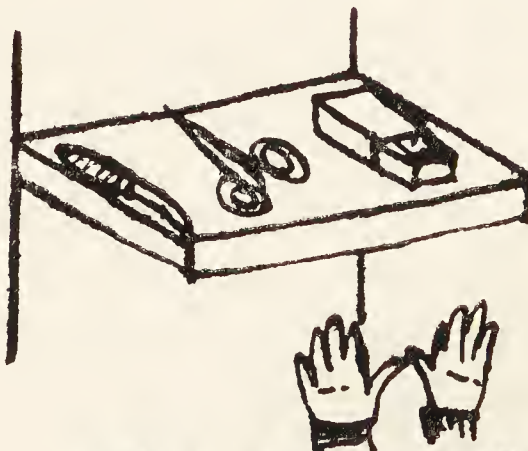


TURN HANDLES AND
SPOUTS IN.

A HAPPY BIRTHDAY.



NO OVERHANGING
CLOTH TO PULL.



KEEP OUT OF REACH
AND SIGHT.

BACK COVER.

A simple line drawing of a woman holding a baby. The woman is shown from the chest up, looking down at the baby. The baby is lying in her arms, looking up at her. The drawing is minimalist, using only outlines.

A black and white line drawing of a woman's head and shoulders. She is wearing a surgical mask that covers her nose and mouth. The mask has two visible straps or ties on the sides. Her hair is pulled back into a bun. The drawing is simple, with clean lines and no shading.

CHILD WELFARE
CENTRES
ROTHERHAM

PLEASE BRING THIS
CARD WITH YOU

[illegible]

COUNTY BOROUGH OF ROTHERHAM.

Dental Inspection.

Pre-School Children.

This is to Introduce

Born

For Dental Inspection

during his/her birthday month.

Invited to attend:—

Ferham House Centre

1st or 3rd Thursday of the
month, 2 to 5 p.m.

Cranworth Road Centre

2nd or 4th Tuesday of the
month, 2 to 5 p.m.

Greasbro' Centre

2nd Wednesday of the month,
2 to 5 p.m.

The Parish Hall

Thorpe Centre,

Fridays, 9.30 a.m.

The New School,

Upper Wortley Road

You are advised to take advantage of this opportunity
to consult the Dental Surgeon. No treatment will be
given at this inspection, but if the Dental Surgeon con-
siders this necessary a further appointment will be given.

DIPHTHERIA IMMUNISATION (12½ins. x 10ins. card, printed red on white headings blocks,
etc., and black type). Pages 111 and 120-2

IMMUNISATION

CAN BE ARRANGED BY CONSULTATION WITH YOUR
FAMILY DOCTOR

or BY ATTENDANCE AT ANY OF THE FOLLOWING
CLINICS

- CRANWORTH ROAD,

Thursday, 2 to 4.30 p.m.
- GREASBRO' PUBLIC HALL,

By appointment, Wednesday, 2 to 4.30 p.m.
- FERHAM HOUSE,

Wednesday, 2 to 4.30 p.m.
- THORPE CLINIC, Thorpe Hesley School,

1st Thursday in each month, 2 to 4.30,
or 2nd or 4th Friday, 3 to 4 p.m.

FOR FURTHER INFORMATION, CALL AT ANY OF THE CLINICS OR THE
HEALTH SERVICES BUREAU, TOWN HALL, EFFINGHAM STREET,
ROTHERHAM.

I advise home helps to observe the undermentioned safeguarding precautions when attending tuberculous patients:—

1. Work, as far as possible, with the windows open, for fresh air and sunlight kill most germs.
2. Leave your overall at the house and do not take it home with you, or from one house to another.
3. Remember to wash your hands before having anything to eat, and last thing before going home.
4. The patient's crockery and cutlery should be kept apart and washed separately from that used by other members of the household. It should be boiled after use if this can be arranged.
5. After contact with a sputum flask, handkerchiefs or bed linen of the patient, thorough washing of the hands with soap and water will ensure safety. Infected linen should be soaked in disinfectant and water before laundering.
6. Report to the Home Help Organiser for free disinfectant, which can be obtained by taking a permit and a bottle to 12, Frederick Street, any morning—Saturdays excepted.
7. You were examined by the chest specialist before taking on this type of work, and as a further precaution I have arranged for you to be seen periodically by Dr. Mary Boyd at Ferham House. She will notify you when to attend and the time taken up will be included in your "working time."

JOS. A. GILLET,
Medical Officer of Health.

Pages 120-2

YOUR HEALTH SERVICES

IF YOU NEED
INFORMATION

Call at the
HEALTH SERVICES BUREAU,
TOWN HALL,
EFFINGHAM STREET,
ROTHERHAM.

OPEN—9.0 a.m. — 5.30 p.m. — MONDAY TO FRIDAY.
9.0 a.m. — 12.0 noon — SATURDAY.

I N R O T H E R H A M
AT PRESENT
ONLY ONE IN EVERY TWO CHILDREN
UNDER 5 YEARS OF AGE IS
I M M U N I S E D

THIS IS NOT GOOD ENOUGH—
ROTHERHAM CAN DO BETTER!

IT TAKES LITTLE TIME.
IT IS SIMPLE.
IT IS THE SAFEGUARD.

IT IS YOUR RESPONSIBILITY.
IT IS FOR YOUR BENEFIT.
IT IS FREE.

YOU MUST SEE TO IT.
D O I T N O W !

IT IS USUALLY
C H I L D R E N
WHO ARE
NOT IMMUNISED
WHO
GET DIPHTHERIA

THEY ARE IN THE
GREATEST DANGER.

GIVE YOUR CHILD A CHANCE OF
ESCAPING THIS DREAD DISEASE.

D I P H T H E R I A IN E N G L A N D A N D W A L E S

Year	Deaths	Cases
1940 ...	2,480 ...	46,281
1941 ...	2,641 ...	50,797
1942 ...	1,827 ...	41,404
1943 ...	1,371 ...	34,662
1944 ...	934 ...	29,949
1945 ...	722 ...	25,246
1946 ...	472 ...	18,283
1947 ...	245 ...	10,469
1948 ...	150 ...	8,034

SUFFICIENT PROOF THAT AS
MORE CHILDREN ARE IMMUNISED FEWER
SUFFER AND FEWER DIE.

CHILDREN CAN BE IMMUNISED AT ANY AGE,
BUT 8 MONTHS IS THE IDEAL AGE.

IF ALL CHILDREN WERE IMMUNISED,
DIPHTHERIA COULD BE WIPED OUT.

R O T H E R H A M L E A D S T H E W A Y !

Is it to lead in the
number of
DIPHTHERIA CASES?

OR

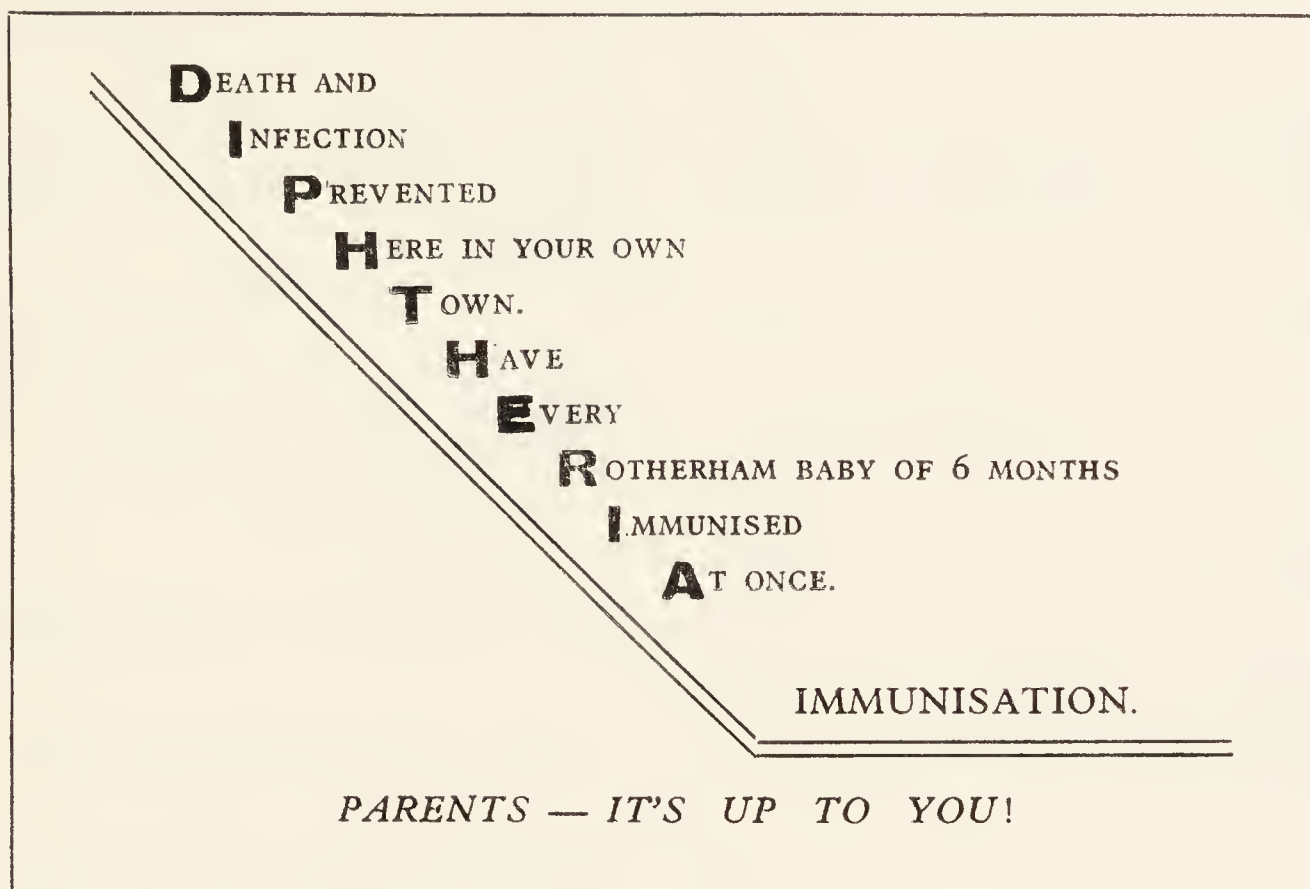
in the number of
CHILDREN PROTECTED
?

IT IS UP TO YOU.

IS YOUR CHILD IMMUNISED?
IF NOT — DO IT NOW.

IT IS THE SAFEGUARD AGAINST DIPHTHERIA

WHAT A BLESSING.



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